

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

**Product Name:** 2021 DC Individual Exchange Rate Filing

**Project Name/Number:** /

### Filing at a Glance

Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Product Name: 2021 DC Individual Exchange Rate Filing

State: District of Columbia

TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg021.005D Individual - HMO

Filing Type: Rate

Date Submitted: 05/01/2020

SERFF Tr Num: KPMA-132297944

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num:

Implementation: 01/01/2021

Date Requested:

Author(s): Stephen Chuang, John Xu, Ky Le, Sheebani Patel, Indira Dyal, Wen Xu, Mia Chen, Sebastian Passanisi

Reviewer(s): Dave Dillon (primary), Philip Barlow, Darniece Shirley, Efren Tanhehco, John Morgan

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
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**Product Name:** 2021 DC Individual Exchange Rate Filing  
**Project Name/Number:** /

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: -2.04%	Filing Status Changed: 05/02/2020
	State Status Changed:
Deemer Date:	Created By: Stephen Chuang
Submitted By: Stephen Chuang	Corresponding Filing Tracking Number:
	PPACA: Not PPACA-Related
PPACA Notes: null	
Include Exchange Intentions:	No

**Filing Description:**  
 This filing is for 2021 Individual plan rate for the Exchange

## Company and Contact

### Filing Contact Information

Stephen Chuang, Actuarial Analyst II	stephen.chuang@kp.org
2101 E. Jefferson St	301-816-5854 [Phone]
Rockville, MD 20852	

### Filing Company Information

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	CoCode: 95639	State of Domicile: Maryland
2101 E Jefferson St.	Group Code:	Company Type: Health Maintenance Organization
Rockville, MD 20852	Group Name:	State ID Number:
(301) 816-6867 ext. [Phone]	FEIN Number: 52-0954463	

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: District of Columbia

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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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Product Name: 2021 DC Individual Exchange Rate Filing

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## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	2021 DC Individual Rate Table	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Actuarial Justification	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Actuarial Memorandum	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Actuarial Memorandum and Certifications	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	DISB Actuarial Memorandum Dataset	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Unified Rate Review Template	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	District of Columbia Plain Language Summary	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Absolute Maximum Premium Increase	Stephen Chuang	05/04/2020	05/04/2020

**SERFF Tracking #:**

KPMA-132297944

**State Tracking #:**

**Company Tracking #:**

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**State:**

District of Columbia

**Filing Company:**

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:**

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

**Product Name:**

2021 DC Individual Exchange Rate Filing

**Project Name/Number:**

/

## Amendment Letter

Submitted Date:

05/04/2020

Comments:

Corrected rates

Changed Items:

*No Form Schedule Items Changed.*

State: District of Columbia

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TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: 2021 DC Individual Exchange Rate Filing

Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	2021 DC Individual Rate Table	DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-	Revised	Previous State Filing Number: KPMA-131931312 Percent Rate Change Request:	2021 DC KPIF Rate Table v2.pdf,	05/04/2020 By:

State: District of Columbia

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TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: 2021 DC Individual Exchange Rate Filing

Project Name/Number: /

**Rate/Rule Schedule Item Changes**

21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-

**State:** District of Columbia  
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**Product Name:** 2021 DC Individual Exchange Rate Filing  
**Project Name/Number:** /

**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**Rate/Rule Schedule Item Changes**

RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-

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**Product Name:** 2021 DC Individual Exchange Rate Filing  
**Project Name/Number:** /

**Rate/Rule Schedule Item Changes**

		BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX				
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*Previous Version*

1	2021 DC Individual Rate Table	DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-	Revised	Previous State Filing Number: KPMA-131931312 Percent Rate Change Request:	2021 DC KPIF Rate Table.pdf,	05/01/2020 By: Stephen Chuang
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TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: 2021 DC Individual Exchange Rate Filing

Project Name/Number: /

**Rate/Rule Schedule Item Changes**

SILVER-0-5-CSR-  
VISION-HMO(01-  
21)HIX, DC-DP-  
SILVER-3200-30%-  
HSA-VISION-  
HDHP(01-21)HIX, DC-  
DP-SILVER-2000-  
20%-CSR-VISION-  
DHMO(01-21)HIX, DC-  
DP-SILVER-600-10%-  
CSR-VISION-  
DHMO(01-21)HIX, DC-  
DP-SILVER-100-5%-  
CSR-VISION-  
DHMO(01-21)HIX, DC-  
DP-STANDARD-  
BRONZE-7500-60-  
VISION-DHMO(01-  
21)HIX, DC-DP-  
BRONZE-6500-65-  
VISION-DHMO(01-  
21)HIX, DC-DP-  
CATASTROPHIC-  
8550-0-VISION-  
DHMO(01-21)HIX, DC-  
DP-STANDARD-  
BRONZE-6350-20%-  
HSA-VISION-  
HDHP(01-21)HIX, DC-  
DP-0-0-AI-VISION-  
HMO(01-21)HIX, DC-  
DP-0-0-AI-HSA-  
VISION-HDHP(01-  
21)HIX, DC-DP-  
STANDARD-  
PLATINUM-0-20-  
VISION-HMO-RX(01-  
21)HIX, DC-DP-GOLD-  
0-20-VISION-HMO-  
RX(01-21)HIX, DC-DP-  
STANDARD-GOLD-  
500-25-VISION-  
DHMO-RX(01-21)HIX,  
DC-DP-GOLD-1000-  
20-VISION-DHMO-  
RX(01-21)HIX, DC-DP-

**State:** District of Columbia  
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**Project Name/Number:** /

**Rate/Rule Schedule Item Changes**

GOLD-1600-25%-  
 HSA-VISION-HDHP-  
 RX(01-21)HIX, DC-DP-  
 SILVER-2500-30-  
 VISION-DHMO-RX(01-  
 21)HIX, DC-DP-  
 SILVER-2200-30-CSR-  
 VISION-DHMO-RX(01-  
 21)HIX, DC-DP-  
 SILVER-0-10-CSR-  
 VISION-HMO-RX(01-  
 21)HIX, DC-DP-  
 SILVER-0-5-CSR-  
 VISION-HMO-RX(01-  
 21)HIX, DC-DP-  
 STANDARD-SILVER-  
 4000-40-VISION-  
 DHMO-RX(01-21)HIX,  
 DC-DP-STANDARD-  
 SILVER-3500-40-CSR-  
 VISION-DHMO-RX(01-  
 21)HIX, DC-DP-  
 STANDARD-SILVER-  
 100-25-CSR-VISION-  
 DHMO-RX(01-21)HIX,  
 DC-DP-SILVER-3200-  
 30%-HSA-VISION-  
 HDHP-RX(01-21)HIX,  
 DC-DP-SILVER-2000-  
 20%-CSR-VISION-  
 DHMO-RX(01-21)HIX,  
 DC-DP-SILVER-600-  
 10%-CSR-VISION-  
 DHMO-RX(01-21)HIX,  
 DC-DP-SILVER-100-  
 5%-CSR-VISION-  
 DHMO-RX(01-21)HIX,  
 DC-DP-STANDARD-  
 BRONZE-7500-60-  
 VISION-DHMO-RX(01-  
 21)HIX, DC-DP-  
 BRONZE-6500-65-  
 VISION-DHMO-RX(01-  
 21)HIX, DC-DP-  
 CATASTROPHIC-  
 8550-0-VISION-

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

State: District of Columbia

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Product Name: 2021 DC Individual Exchange Rate Filing

Project Name/Number: /

**Rate/Rule Schedule Item Changes**

DHMO-RX(01-21)HIX,  
DC-DP-STANDARD-  
BRONZE-6350-20%-  
HSA-VISION-HDHP-  
RX(01-21)HIX, DC-DP-  
0-0-AI-VISION-HMO-  
RX(01-21)HIX, DC-DP-  
0-0-AI-HSA-VISION-  
HDHP-RX(01-21)HIX

SERFF Tracking #:

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**Supporting Document Schedule Item Changes****Satisfied - Item:** Actuarial Justification**Comments:****Attachment(s):** 2021 DC KPIF Actuarial Memorandum and Exhibits v2.pdf*Previous Version***Satisfied - Item:** *Actuarial Justification***Comments:****Attachment(s):** *2021 DC KPIF Actuarial Memorandum and Exhibits v1.pdf***Satisfied - Item:** Actuarial Memorandum**Comments:****Attachment(s):** 2021 DC KPIF Actuarial Memorandum and Exhibits v2.pdf*Previous Version***Satisfied - Item:** *Actuarial Memorandum***Comments:****Attachment(s):** *2021 DC KPIF Actuarial Memorandum and Exhibits v1.pdf***Satisfied - Item:** Actuarial Memorandum and Certifications**Comments:****Attachment(s):** 2021 DC KPIF Actuarial Memorandum and Exhibits v2.pdf*Previous Version***Satisfied - Item:** *Actuarial Memorandum and Certifications***Comments:****Attachment(s):** *2021 DC KPIF Actuarial Memorandum and Exhibits v1.pdf***Satisfied - Item:** DISB Actuarial Memorandum Dataset**Comments:****Attachment(s):** Kaiser Individual DC Actuarial\_Memo\_Dataset\_2021 v2.xlsx  
Kaiser Individual DC Actuarial\_Memo\_Dataset\_2021 v2.pdf*Previous Version***Satisfied - Item:** *DISB Actuarial Memorandum Dataset***Comments:****Attachment(s):** *Kaiser Individual DC Actuarial\_Memo\_Dataset\_2021 v1.xlsx*  
*Kaiser Individual DC Actuarial\_Memo\_Dataset\_2021 v1.pdf*

SERFF Tracking #:

KPMA-132297944

State Tracking #:

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<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Unified_Rate_Review_Template v5.2 2021 DC Individual v2.xlsm Unified_Rate_Review_Template v5.2 2021 DC Individual v2.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Unified-Rate-Review-Template-v5.1_0 2021 DC Individual v1.xlsm Unified-Rate-Review-Template-v5.1_0 2021 DC Individual v1.pdf</i>

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2021_DC_KPIF_Part_II_Justification_Plain_Language_Summary_v2.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>District of Columbia Plain Language Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2021_DC_KPIF_Part_II_Justification_Plain_Language_Summary_v1.pdf</i>

<b>Satisfied - Item:</b>	Absolute Maximum Premium Increase
<b>Comments:</b>	
<b>Attachment(s):</b>	Absolute Maximum Premium Increase Exhibit 2021 v2.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Absolute Maximum Premium Increase</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Absolute Maximum Premium Increase Exhibit 2021.xlsx</i>

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
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**Post Submission Update Request Submitted On 05/04/2020**

Status: Submitted  
 Created By: Stephen Chuang

**General Information:**

Field Name	Requested Change	Prior Value
Overall Rate Impact	-1.97	-2.04

**Company Rate Information:**

Company Name:Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	-1.970%	-2.040%
Overall % Rate Impact	-1.970%	-2.040%
Written Premium Change for this Program	\$274534	\$-284741
Written Premium for this Program	\$13963563	\$13973770
Maximum %Change (where required)	1.700%	0.510%
Minimum %Change (where required)	-13.260%	-11.500%

Product: NEW  
 Product Name HMO On Exchange  
 HIOS Product ID 94506DC039  
 Number of Covered Lives 2723

**REQUESTED RATE:**

Min:	278.250	169.600
Max:	1,193.850	1,135.920
Weighted Avg.:	450.080	450.190

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

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### Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: Decrease  
 Overall Percentage of Last Rate Revision: 5.000%  
 Effective Date of Last Rate Revision: 01/01/2020  
 Filing Method of Last Filing: SERFF  
 SERFF Tracking Number of Last Filing: KPMA-131931312

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Decrease	-2.040%	-2.040%	\$-284,741	2,086	\$13,973,770	0.510%	-11.500%

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## Rate Review Detail

### COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
 HHS Issuer Id: 94506

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO On Exchange	94506DC039		2723

Trend Factors:

### FORMS:

New Policy Forms: DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: 2021 DC Individual Exchange Rate Filing

Project Name/Number: /

HDHP-RX(01-21)HIX

Affected Forms:

Other Affected Forms:

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual

Member Months: 32,679

Benefit Change: Decrease

Percent Change Requested: Min: -11.5 Max: 0.51 Avg: -2.04

**PRIOR RATE:**

Total Earned Premium: 14,200,923.00

Total Incurred Claims: 11,256,047.00

Annual \$: Min: 205.49 Max: 1,189.25 Avg: 455.58

**REQUESTED RATE:**

Projected Earned Premium: 15,187,579.00

Projected Incurred Claims: 15,740,491.00

Annual \$: Min: 169.60 Max: 1,135.92 Avg: 450.19

**SERFF Tracking #:**

KPMA-132297944

**State Tracking #:**

**Company Tracking #:**

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**State:**

District of Columbia

**Filing Company:**

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:**

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

**Product Name:**

2021 DC Individual Exchange Rate Filing

**Project Name/Number:**

/

## Rate/Rule Schedule

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2021 DC Individual Exchange Rate Filing  
**Project Name/Number:** /

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2021 DC Individual Rate Table	DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-	Revised	Previous State Filing Number: KPMA-131931312 Percent Rate Change Request:	2021 DC KPIF Rate Table v2.pdf,

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2021 DC Individual Exchange Rate Filing

Project Name/Number:

/

			<p>CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-</p>		
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SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2021 DC Individual Exchange Rate Filing

Project Name/Number:

/

			6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX			
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	357.99	317.37	301.90	289.33	316.09	283.59	257.77	279.15
21	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
22	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
23	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
24	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
25	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
26	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
27	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
28	407.26	361.04	343.45	329.15	359.59	322.62	293.24	317.57
29	416.01	368.80	350.83	336.23	367.32	329.56	299.55	324.40
30	426.41	378.02	359.60	344.64	376.50	337.80	307.04	332.51
31	437.36	387.73	368.84	353.48	386.17	346.47	314.92	341.04
32	447.21	396.46	377.15	361.45	394.87	354.28	322.01	348.73
33	457.62	405.68	385.92	369.85	404.05	362.52	329.50	356.84
34	468.56	415.39	395.15	378.70	413.72	371.19	337.38	365.37
35	479.51	425.09	404.38	387.55	423.38	379.86	345.27	373.91
36	490.46	434.80	413.61	396.40	433.05	388.53	353.15	382.45
37	501.41	444.51	422.85	405.24	442.72	397.21	361.03	390.98
38	507.43	449.84	427.92	410.11	448.03	401.98	365.37	395.68
39	513.45	455.18	433.00	414.98	453.35	406.75	369.70	400.37
40	533.70	473.14	450.08	431.35	471.23	422.79	384.29	416.17
41	554.50	491.58	467.62	448.16	489.60	439.27	399.26	432.39
42	576.40	510.99	486.09	465.85	508.93	456.61	415.03	449.46
43	598.84	530.88	505.02	483.99	528.75	474.39	431.19	466.96
44	622.38	551.75	524.87	503.02	549.53	493.04	448.14	485.31
45	646.46	573.10	545.18	522.48	570.80	512.12	465.48	504.09
46	671.64	595.42	566.41	542.83	593.03	532.07	483.61	523.73
47	697.92	618.72	588.57	564.07	616.23	552.88	502.53	544.22
48	725.29	642.98	611.65	586.19	640.39	574.56	522.24	565.56
49	753.75	668.21	635.66	609.19	665.52	597.11	542.73	587.75
50	783.31	694.42	660.58	633.08	691.62	620.53	564.01	610.80
51	813.96	721.59	686.43	657.86	718.69	644.81	586.09	634.71
52	845.71	749.74	713.21	683.52	746.72	669.96	608.95	659.46
53	878.56	778.86	740.91	710.06	775.72	695.98	632.60	685.07
54	913.04	809.43	769.99	737.94	806.17	723.30	657.43	711.96
55	948.62	840.97	799.99	766.69	837.58	751.48	683.05	739.71
56	985.84	873.97	831.38	796.78	870.45	780.97	709.85	768.73
57	1,024.16	907.94	863.70	827.74	904.28	811.32	737.44	798.61
58	1,064.12	943.36	897.40	860.04	939.56	842.98	766.21	829.77
59	1,105.72	980.24	932.48	893.66	976.30	875.94	796.16	862.21
60	1,148.96	1,018.58	968.95	928.61	1,014.48	910.19	827.30	895.93
61	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
62	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
63	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
64+	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-B**

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	234.43	236.37	250.72	178.25
21	260.60	262.75	278.71	198.15
22	260.60	262.75	278.71	198.15
23	260.60	262.75	278.71	198.15
24	260.60	262.75	278.71	198.15
25	260.60	262.75	278.71	198.15
26	260.60	262.75	278.71	198.15
27	260.60	262.75	278.71	198.15
28	266.69	268.89	285.23	202.78
29	272.43	274.68	291.36	207.14
30	279.24	281.54	298.65	212.32
31	286.41	288.77	306.31	217.77
32	292.86	295.28	313.21	222.68
33	299.67	302.14	320.50	227.86
34	306.84	309.37	328.16	233.31
35	314.01	316.60	335.83	238.76
36	321.18	323.83	343.50	244.21
37	328.35	331.06	351.17	249.66
38	332.29	335.03	355.38	252.66
39	336.23	339.01	359.60	255.66
40	349.50	352.38	373.79	265.74
41	363.12	366.12	388.35	276.10
42	377.46	380.57	403.69	287.00
43	392.15	395.39	419.41	298.18
44	407.57	410.93	435.89	309.90
45	423.34	426.83	452.76	321.89
46	439.83	443.46	470.40	334.43
47	457.04	460.81	488.80	347.51
48	474.96	478.88	507.97	361.14
49	493.60	497.67	527.90	375.31
50	512.96	517.19	548.60	390.03
51	533.03	537.43	570.07	405.29
52	553.82	558.39	592.31	421.10
53	575.33	580.07	615.31	437.46
54	597.91	602.84	639.46	454.63
55	621.21	626.34	664.38	472.34
56	645.59	650.91	690.45	490.88
57	670.68	676.21	717.29	509.96
58	696.85	702.59	745.27	529.85
59	724.09	730.06	774.41	550.57
60	752.41	758.61	804.69	572.10
61	781.80	788.25	836.13	594.45
62	781.80	788.25	836.13	594.45
63	781.80	788.25	836.13	594.45
64+	781.80	788.25	836.13	594.45

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2021 DC Individual Exchange Rate Filing  
**Project Name/Number:** /

**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	2021 DC KPIF Actuarial Memorandum and Exhibits v2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2021 DC KPIF Actuarial Memorandum and Exhibits v2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2021 DC KPIF Actuarial Memorandum and Exhibits v2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	DC 2021 Individual Rate Filing Cover Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2021 DC Individual Exchange Rate Filing  
**Project Name/Number:** /

**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	Kaiser Individual DC Actuarial_Memo_Dataset_2021 v2.xlsx Kaiser Individual DC Actuarial_Memo_Dataset_2021 v2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Unified_Rate_Review_Template v5.2 2021 DC Individual v2.xlsm Unified_Rate_Review_Template v5.2 2021 DC Individual v2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2021_DC_KPIF_Part_II_Justification_Plain_Language_Summary_v2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	AV Screenshots
<b>Comments:</b>	
<b>Attachment(s):</b>	2021 DC KPIF AV Screenshots.pdf SP 2021 Plan Designs final 4 1 20.pdf
<b>Item Status:</b>	

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2021 DC Individual Exchange Rate Filing  
**Project Name/Number:** /

<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Absolute Maximum Premium Increase
<b>Comments:</b>	
<b>Attachment(s):</b>	Absolute Maximum Premium Increase Exhibit 2021 v2.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Rate Filing Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	2021_DC_KPIF_SG_rate_filing_checklist_v1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	AV and Cost Sharing Design
<b>Comments:</b>	
<b>Attachment(s):</b>	2021 DC KPIF Actuarial Value and Cost-Sharing Design.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2021 DC Individual Exchange Rate Filing

Project Name/Number:

/

***Attachment Kaiser Individual DC Actuarial\_Memo\_Dataset\_2021 v2.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified\_Rate\_Review\_Template v5.2 2021 DC Individual v2.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Absolute Maximum Premium Increase Exhibit 2021 v2.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2021 DC KPIF Actuarial Value and Cost-Sharing Design.xlsx is not a PDF document and cannot be reproduced here.***

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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**Form Numbers:**

DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2021 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2021. These Individual rates are guaranteed through December 31, 2021. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

**3. Proposed Rate Changes**

All current benefit plans are renewing in 2021. Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.

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- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is -2.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

**Covid-19:** Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are

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processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average induced demand utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, changes in CMS induced demand factors and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$79.98) PMPM. The projected risk adjustment transfer of (\$90.01) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average

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premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact on-Exchange Silver plans but KFHP is not loading the impact into any rates. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be just under 104%.

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**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

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**7.2. Historical Rate Revisions Effective January 1**

2016	6.6%
2017	12.0%
2018	13.0%
2019	20.0%
2020	5.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,648	\$6,695
Projection Year	\$5,537	\$6,564

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

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**Actuarial Certification**

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



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Sheila A. Schroer, ASA, MAAA  
Executive Director and Chief Actuary  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 4, 2020

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 1**  
**Market Adjusted Index Rate**

<b>Source/Formula</b>	<b>Component</b>	<b>Value</b>
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$444.38</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.812
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$360.68
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$90.01)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$450.69
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$555.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.009
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$454.93

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 2  
Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	32,679	\$525.97	\$3.22	\$4.36	\$533.55
Small Group	51,108	355.46	3.22	2.95	361.63
<b>Overall</b>	<b>83,787</b>	<b>\$421.96</b>	<b>\$3.22</b>	<b>\$3.50</b>	<b>\$428.68</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
<b>(5) = (1) + (4)</b>	<b>Experience Period - Total</b>	<b>\$3.22</b>
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
<b>(9) = (8)</b>	<b>Projection Period - Total</b>	<b>\$1.60</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 4  
Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
<b>Overall</b>			<b>2.3%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 5  
Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [ (5) / (1) ]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 6  
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
<b>Change in Demographics</b>		<b>1.005</b>	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.707</b>	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
Network	Individual Member Months	Network Adjustment Factor
Signature	32,679	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	32,679	1.000

**Projection Period**

(1)	(2)	(3)	(4)
Network	Individual Member Months	Network Adjustment Factor	Normalizing Factor
Signature	32,918	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	32,918	1.000	1.000

<b>Change in Network Factor</b>	<b>1.000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 8  
Utilization Adjustment**

	Pool	Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<b><i>Projection Period</i></b>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 9  
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<b><i>Experience Period</i></b>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	<b>0.984</b>
<b><i>Projection Period</i></b>		
(6) Exhibit 1	Market Adjusted Index Rate	\$555.27
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$90.01
(8) Exhibit 1	Paid to Allowed Ratio	0.812
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$110.90
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.38
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.22
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$560.50
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	<b>1.009</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 10**  
**Risk Adjustment Projection**

		Estimated 2019	Annualized Change	Projected 2021
<b>Platinum</b>				
(1)	Member Months	5,433		4,948
(2)	HHS Transfer % of Premium	0.305		0.397
(3)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(4) = (2) x (3)	Transfer PMPM	\$129.69		\$186.33
(5) = (1) x (4)	Transfer \$	\$704,626		\$921,892
<b>Gold</b>				
(6)	Member Months	8,845		11,263
(7)	HHS Transfer % of Premium	(0.190)		(0.232)
(8)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(9) = (7) x (8)	Transfer PMPM	(\$80.81)		(\$108.69)
(10) = (6) x (9)	Transfer \$	(\$714,772)		(\$1,224,216)
<b>Silver</b>				
(11)	Member Months	9,641		7,459
(12)	HHS Transfer % of Premium	(0.372)		(0.355)
(13)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(14) = (12) x (13)	Transfer PMPM	(\$158.16)		(\$166.29)
(15) = (11) x (14)	Transfer \$	(\$1,524,847)		(\$1,240,380)
<b>Bronze</b>				
(16)	Member Months	8,261		8,904
(17)	HHS Transfer % of Premium	(0.332)		(0.356)
(18)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(19) = (17) x (18)	Transfer PMPM	(\$141.28)		(\$166.85)
(20) = (16) x (19)	Transfer \$	(\$1,167,132)		(\$1,485,596)
<b>Catastrophic</b>				
(21)	Member Months	499		344
(22)	HHS Transfer % of Premium	1.660		1.609
(23)	Statewide Average Premium PMPM (Cat)	\$106.85		\$468.77
(24) = (22) x (23)	Transfer PMPM	\$177.42		\$189.52
(25) = (21) x (24)	Transfer \$	\$88,530		\$65,222
<b>Combined</b>				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	32,679		32,918
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$79.98)		(\$90.01)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$2,613,594)		(\$2,963,076)

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$37.73	8.4%	\$39.43	8.5%
(2)	Health Care Quality	3.92	0.1%	4.09	0.1%
(3)	Commissions	0.60	0.9%	0.66	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$42.24	9.4%	\$44.18	9.6%
(5)	Exchange Assessment	\$4.82	1.1%	\$4.61	1.0%
(6)	PCORI	0.06	0.0%	0.22	0.0%
(7)	State Premium Tax	8.97	2.0%	9.23	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$14.00	3.1%	\$14.25	3.0%
(12)	Contribution to Reserve*	(\$143.89)	-32.1%	(\$58.59)	-12.7%
(13) = (4)+(11)+(12)	Total	(\$87.65)	-19.5%	(\$0.16)	0.0%

**\*Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 12  
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
<b>Name</b>	<b>Market Adjusted Index Rate</b>	<b>Impact of Non-EHB</b>	<b>Non-Funding of CSR Adjustment</b>	<b>Network Factor</b>	<b>Normalized Utilization</b>	<b>Plan Design</b>	<b>Catastrophic Plan Adjustment</b>	<b>Pure Premium</b>	<b>Retention</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Calibration*</b>	<b>Area Curve Calibration</b>	<b>Calibrated Plan Adj Index Rate (Age 21 Base Rate)</b>
KP DC Standard Platinum 0/20/Vision	\$555.27	1.009	1.000	1.000	1.073	0.937	1.000	\$563.38	1.000	\$563.19	0.707	1.000	\$397.95
KP DC Gold 0/20/Vision	555.27	1.009	1.000	1.000	1.033	0.863	1.000	499.45	1.000	499.28	0.707	1.000	352.79
KP DC Gold 1000/20/Vision	555.27	1.009	1.000	1.000	1.019	0.832	1.000	475.11	1.000	474.95	0.707	1.000	335.60
KP DC Gold 1600/25%/HSA/Vision	555.27	1.009	1.000	1.000	0.999	0.814	1.000	455.33	1.000	455.18	0.707	1.000	321.63
KP DC Standard Gold 500/25/Vision	555.27	1.009	1.000	1.000	1.035	0.857	1.000	497.44	1.000	497.26	0.707	1.000	351.37
KP DC Silver 2500/30/Vision	555.27	1.009	1.000	1.000	0.994	0.801	1.000	446.30	1.000	446.15	0.707	1.000	315.25
KP DC Silver 3200/30%/HSA/Vision	555.27	1.009	1.000	1.000	0.965	0.750	1.000	405.66	1.000	405.52	0.707	1.000	286.54
KP DC Standard Silver 4000/40/Vision	555.27	1.009	1.000	1.000	0.999	0.785	1.000	439.31	1.000	439.15	0.707	1.000	310.31
KP DC Bronze 6500/65/Vision	555.27	1.009	1.000	1.000	0.933	0.705	1.000	368.93	1.000	368.81	0.707	1.000	260.60
KP DC Standard Bronze 6350/20%/HSA/Vis	555.27	1.009	1.000	1.000	0.922	0.720	1.000	371.98	1.000	371.86	0.707	1.000	262.75
KP DC Standard Bronze 7500/60/Vision	555.27	1.009	1.000	1.000	0.948	0.742	1.000	394.57	1.000	394.43	0.707	1.000	278.71
KP DC Catastrophic 8550/0/Vision	555.27	1.009	1.000	1.000	0.910	0.688	0.800	280.52	1.000	280.42	0.707	1.000	198.15
	\$555.27	1.009	1.000	1.000	1.000	0.812	0.998	\$456.23	1.000	\$456.07	0.707	1.000	\$322.26

\* Age Curve Calibration from 41.4 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 13  
Quarterly Renewal Factors**

	Source/Formula	Component	Renewal Quarter				Overall
			Q1	Q2	Q3	Q4	
(1)	Data	Member Distribution by Renewal Qtr	100%	n/a	n/a	n/a	100%
(2)	Input	Months of Trend	0.0	n/a	n/a	n/a	
(3)	Exhibit 4	Annual Trend	2.3%	n/a	n/a	n/a	
(4)	Exhibit 1	2021 Claims PMPM					\$454.93
(5)	= (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$454.93	n/a	n/a	n/a	\$454.93
(6)	= (5) / Total (5)	<b>Quarterly Rate Trend Factor</b>	<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 14**  
**Projected Medical Loss Ratio**

			Individual Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$461.38	\$453.00
(2)	Input	Net Claims	\$478.17	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$90.01)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$568.19	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$40.09	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.09	\$4.07
(7)	= (5) + (6)	Total	\$44.18	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.61	\$4.53
(9)	Exhibit 11	PCORI	\$0.22	\$0.22
(10)	Exhibit 11	DC Premium Tax	\$9.23	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$14.25	\$14.00
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$165.25)	(\$89.11)
(16)	= [(4)] / (1)]	Loss Ratio	123.2%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	128.0%	107.7%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

	Silver Exchange Plans	Plan Design	Member Distribution
(1) Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2) 73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3) 87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4) 94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5) Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6) 73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7) 87%	KP DC Standard Silver 100/25/CSR/Vision (400	0.876	1.2%
(8) 94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9) Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10) 73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11) 87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12) 94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13) = Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14) = Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15) = (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	357.99	317.37	301.90	289.33	316.09	283.59	257.77	279.15
21	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
22	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
23	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
24	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
25	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
26	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
27	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
28	407.26	361.04	343.45	329.15	359.59	322.62	293.24	317.57
29	416.01	368.80	350.83	336.23	367.32	329.56	299.55	324.40
30	426.41	378.02	359.60	344.64	376.50	337.80	307.04	332.51
31	437.36	387.73	368.84	353.48	386.17	346.47	314.92	341.04
32	447.21	396.46	377.15	361.45	394.87	354.28	322.01	348.73
33	457.62	405.68	385.92	369.85	404.05	362.52	329.50	356.84
34	468.56	415.39	395.15	378.70	413.72	371.19	337.38	365.37
35	479.51	425.09	404.38	387.55	423.38	379.86	345.27	373.91
36	490.46	434.80	413.61	396.40	433.05	388.53	353.15	382.45
37	501.41	444.51	422.85	405.24	442.72	397.21	361.03	390.98
38	507.43	449.84	427.92	410.11	448.03	401.98	365.37	395.68
39	513.45	455.18	433.00	414.98	453.35	406.75	369.70	400.37
40	533.70	473.14	450.08	431.35	471.23	422.79	384.29	416.17
41	554.50	491.58	467.62	448.16	489.60	439.27	399.26	432.39
42	576.40	510.99	486.09	465.85	508.93	456.61	415.03	449.46
43	598.84	530.88	505.02	483.99	528.75	474.39	431.19	466.96
44	622.38	551.75	524.87	503.02	549.53	493.04	448.14	485.31
45	646.46	573.10	545.18	522.48	570.80	512.12	465.48	504.09
46	671.64	595.42	566.41	542.83	593.03	532.07	483.61	523.73
47	697.92	618.72	588.57	564.07	616.23	552.88	502.53	544.22
48	725.29	642.98	611.65	586.19	640.39	574.56	522.24	565.56
49	753.75	668.21	635.66	609.19	665.52	597.11	542.73	587.75
50	783.31	694.42	660.58	633.08	691.62	620.53	564.01	610.80
51	813.96	721.59	686.43	657.86	718.69	644.81	586.09	634.71
52	845.71	749.74	713.21	683.52	746.72	669.96	608.95	659.46
53	878.56	778.86	740.91	710.06	775.72	695.98	632.60	685.07
54	913.04	809.43	769.99	737.94	806.17	723.30	657.43	711.96
55	948.62	840.97	799.99	766.69	837.58	751.48	683.05	739.71
56	985.84	873.97	831.38	796.78	870.45	780.97	709.85	768.73
57	1,024.16	907.94	863.70	827.74	904.28	811.32	737.44	798.61
58	1,064.12	943.36	897.40	860.04	939.56	842.98	766.21	829.77
59	1,105.72	980.24	932.48	893.66	976.30	875.94	796.16	862.21
60	1,148.96	1,018.58	968.95	928.61	1,014.48	910.19	827.30	895.93
61	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
62	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
63	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
64+	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-B**

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	234.43	236.37	250.72	178.25
21	260.60	262.75	278.71	198.15
22	260.60	262.75	278.71	198.15
23	260.60	262.75	278.71	198.15
24	260.60	262.75	278.71	198.15
25	260.60	262.75	278.71	198.15
26	260.60	262.75	278.71	198.15
27	260.60	262.75	278.71	198.15
28	266.69	268.89	285.23	202.78
29	272.43	274.68	291.36	207.14
30	279.24	281.54	298.65	212.32
31	286.41	288.77	306.31	217.77
32	292.86	295.28	313.21	222.68
33	299.67	302.14	320.50	227.86
34	306.84	309.37	328.16	233.31
35	314.01	316.60	335.83	238.76
36	321.18	323.83	343.50	244.21
37	328.35	331.06	351.17	249.66
38	332.29	335.03	355.38	252.66
39	336.23	339.01	359.60	255.66
40	349.50	352.38	373.79	265.74
41	363.12	366.12	388.35	276.10
42	377.46	380.57	403.69	287.00
43	392.15	395.39	419.41	298.18
44	407.57	410.93	435.89	309.90
45	423.34	426.83	452.76	321.89
46	439.83	443.46	470.40	334.43
47	457.04	460.81	488.80	347.51
48	474.96	478.88	507.97	361.14
49	493.60	497.67	527.90	375.31
50	512.96	517.19	548.60	390.03
51	533.03	537.43	570.07	405.29
52	553.82	558.39	592.31	421.10
53	575.33	580.07	615.31	437.46
54	597.91	602.84	639.46	454.63
55	621.21	626.34	664.38	472.34
56	645.59	650.91	690.45	490.88
57	670.68	676.21	717.29	509.96
58	696.85	702.59	745.27	529.85
59	724.09	730.06	774.41	550.57
60	752.41	758.61	804.69	572.10
61	781.80	788.25	836.13	594.45
62	781.80	788.25	836.13	594.45
63	781.80	788.25	836.13	594.45
64+	781.80	788.25	836.13	594.45

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2021 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**Form Numbers:**

DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2021 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2021. These Individual rates are guaranteed through December 31, 2021. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

**3. Proposed Rate Changes**

All current benefit plans are renewing in 2021. Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is -2.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

**Covid-19:** Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are

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processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average induced demand utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, changes in CMS induced demand factors and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$79.98) PMPM. The projected risk adjustment transfer of (\$90.01) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average

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premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact on-Exchange Silver plans but KFHP is not loading the impact into any rates. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be just under 104%.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

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**7.2. Historical Rate Revisions Effective January 1**

2016	6.6%
2017	12.0%
2018	13.0%
2019	20.0%
2020	5.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,648	\$6,695
Projection Year	\$5,537	\$6,564

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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**Part III – Actuarial Memorandum and Certification**

**Actuarial Certification**

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



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Sheila A. Schroer, ASA, MAAA  
Executive Director and Chief Actuary  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 4, 2020

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 1**  
**Market Adjusted Index Rate**

<b>Source/Formula</b>	<b>Component</b>	<b>Value</b>
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$444.38</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.812
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$360.68
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$90.01)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$450.69
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$555.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.009
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$454.93

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 2  
Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	32,679	\$525.97	\$3.22	\$4.36	\$533.55
Small Group	51,108	355.46	3.22	2.95	361.63
<b>Overall</b>	<b>83,787</b>	<b>\$421.96</b>	<b>\$3.22</b>	<b>\$3.50</b>	<b>\$428.68</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
<b>(5) = (1) + (4)</b>	<b>Experience Period - Total</b>	<b>\$3.22</b>
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
<b>(9) = (8)</b>	<b>Projection Period - Total</b>	<b>\$1.60</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 4  
Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
<b>Overall</b>			<b>2.3%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 5  
Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [ (5) / (1) ]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 6  
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
<b>Change in Demographics</b>		<b>1.005</b>	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.707</b>	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
Network	Individual Member Months	Network Adjustment Factor
Signature	32,679	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	32,679	1.000

**Projection Period**

(1)	(2)	(3)	(4)
Network	Individual Member Months	Network Adjustment Factor	Normalizing Factor
Signature	32,918	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	32,918	1.000	1.000

<b>Change in Network Factor</b>	<b>1.000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 8  
Utilization Adjustment**

	Pool	Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<b><i>Projection Period</i></b>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 9  
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<b><i>Experience Period</i></b>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	<b>0.984</b>
<b><i>Projection Period</i></b>		
(6) Exhibit 1	Market Adjusted Index Rate	\$555.27
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$90.01
(8) Exhibit 1	Paid to Allowed Ratio	0.812
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$110.90
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.38
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.22
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$560.50
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	<b>1.009</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 10**  
**Risk Adjustment Projection**

		Estimated 2019	Annualized Change	Projected 2021
<b>Platinum</b>				
(1)	Member Months	5,433		4,948
(2)	HHS Transfer % of Premium	0.305		0.397
(3)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(4) = (2) x (3)	Transfer PMPM	\$129.69		\$186.33
(5) = (1) x (4)	Transfer \$	\$704,626		\$921,892
<b>Gold</b>				
(6)	Member Months	8,845		11,263
(7)	HHS Transfer % of Premium	(0.190)		(0.232)
(8)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(9) = (7) x (8)	Transfer PMPM	(\$80.81)		(\$108.69)
(10) = (6) x (9)	Transfer \$	(\$714,772)		(\$1,224,216)
<b>Silver</b>				
(11)	Member Months	9,641		7,459
(12)	HHS Transfer % of Premium	(0.372)		(0.355)
(13)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(14) = (12) x (13)	Transfer PMPM	(\$158.16)		(\$166.29)
(15) = (11) x (14)	Transfer \$	(\$1,524,847)		(\$1,240,380)
<b>Bronze</b>				
(16)	Member Months	8,261		8,904
(17)	HHS Transfer % of Premium	(0.332)		(0.356)
(18)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(19) = (17) x (18)	Transfer PMPM	(\$141.28)		(\$166.85)
(20) = (16) x (19)	Transfer \$	(\$1,167,132)		(\$1,485,596)
<b>Catastrophic</b>				
(21)	Member Months	499		344
(22)	HHS Transfer % of Premium	1.660		1.609
(23)	Statewide Average Premium PMPM (Cat)	\$106.85		\$468.77
(24) = (22) x (23)	Transfer PMPM	\$177.42		\$189.52
(25) = (21) x (24)	Transfer \$	\$88,530		\$65,222
<b>Combined</b>				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	32,679		32,918
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$79.98)		(\$90.01)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$2,613,594)		(\$2,963,076)

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$37.73	8.4%	\$39.43	8.5%
(2)	Health Care Quality	3.92	0.1%	4.09	0.1%
(3)	Commissions	0.60	0.9%	0.66	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$42.24	9.4%	\$44.18	9.6%
(5)	Exchange Assessment	\$4.82	1.1%	\$4.61	1.0%
(6)	PCORI	0.06	0.0%	0.22	0.0%
(7)	State Premium Tax	8.97	2.0%	9.23	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$14.00	3.1%	\$14.25	3.0%
(12)	Contribution to Reserve*	(\$143.89)	-32.1%	(\$58.59)	-12.7%
(13) = (4)+(11)+(12)	Total	(\$87.65)	-19.5%	(\$0.16)	0.0%

**\*Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 12  
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
<b>Name</b>	<b>Market Adjusted Index Rate</b>	<b>Impact of Non-EHB</b>	<b>Non-Funding of CSR Adjustment</b>	<b>Network Factor</b>	<b>Normalized Utilization</b>	<b>Plan Design</b>	<b>Catastrophic Plan Adjustment</b>	<b>Pure Premium</b>	<b>Retention</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Calibration*</b>	<b>Area Curve Calibration</b>	<b>Calibrated Plan Adj Index Rate (Age 21 Base Rate)</b>
KP DC Standard Platinum 0/20/Vision	\$555.27	1.009	1.000	1.000	1.073	0.937	1.000	\$563.38	1.000	\$563.19	0.707	1.000	\$397.95
KP DC Gold 0/20/Vision	555.27	1.009	1.000	1.000	1.033	0.863	1.000	499.45	1.000	499.28	0.707	1.000	352.79
KP DC Gold 1000/20/Vision	555.27	1.009	1.000	1.000	1.019	0.832	1.000	475.11	1.000	474.95	0.707	1.000	335.60
KP DC Gold 1600/25%/HSA/Vision	555.27	1.009	1.000	1.000	0.999	0.814	1.000	455.33	1.000	455.18	0.707	1.000	321.63
KP DC Standard Gold 500/25/Vision	555.27	1.009	1.000	1.000	1.035	0.857	1.000	497.44	1.000	497.26	0.707	1.000	351.37
KP DC Silver 2500/30/Vision	555.27	1.009	1.000	1.000	0.994	0.801	1.000	446.30	1.000	446.15	0.707	1.000	315.25
KP DC Silver 3200/30%/HSA/Vision	555.27	1.009	1.000	1.000	0.965	0.750	1.000	405.66	1.000	405.52	0.707	1.000	286.54
KP DC Standard Silver 4000/40/Vision	555.27	1.009	1.000	1.000	0.999	0.785	1.000	439.31	1.000	439.15	0.707	1.000	310.31
KP DC Bronze 6500/65/Vision	555.27	1.009	1.000	1.000	0.933	0.705	1.000	368.93	1.000	368.81	0.707	1.000	260.60
KP DC Standard Bronze 6350/20%/HSA/Vis	555.27	1.009	1.000	1.000	0.922	0.720	1.000	371.98	1.000	371.86	0.707	1.000	262.75
KP DC Standard Bronze 7500/60/Vision	555.27	1.009	1.000	1.000	0.948	0.742	1.000	394.57	1.000	394.43	0.707	1.000	278.71
KP DC Catastrophic 8550/0/Vision	555.27	1.009	1.000	1.000	0.910	0.688	0.800	280.52	1.000	280.42	0.707	1.000	198.15
	\$555.27	1.009	1.000	1.000	1.000	0.812	0.998	\$456.23	1.000	\$456.07	0.707	1.000	\$322.26

\* Age Curve Calibration from 41.4 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 13**  
**Quarterly Renewal Factors**

Source/Formula	Component	Renewal Quarter				Overall
		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr	100%	n/a	n/a	n/a	100%
(2) Input	Months of Trend	0.0	n/a	n/a	n/a	
(3) Exhibit 4	Annual Trend	2.3%	n/a	n/a	n/a	
(4) Exhibit 1	2021 Claims PMPM					\$454.93
(5) = (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$454.93	n/a	n/a	n/a	\$454.93
(6) = (5) / Total (5)	<b>Quarterly Rate Trend Factor</b>	<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 14**  
**Projected Medical Loss Ratio**

			Individual Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$461.38	\$453.00
(2)	Input	Net Claims	\$478.17	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$90.01)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$568.19	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$40.09	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.09	\$4.07
(7)	= (5) + (6)	Total	\$44.18	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.61	\$4.53
(9)	Exhibit 11	PCORI	\$0.22	\$0.22
(10)	Exhibit 11	DC Premium Tax	\$9.23	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$14.25	\$14.00
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$165.25)	(\$89.11)
(16)	= [(4)] / (1)]	Loss Ratio	123.2%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	128.0%	107.7%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (40	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	357.99	317.37	301.90	289.33	316.09	283.59	257.77	279.15
21	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
22	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
23	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
24	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
25	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
26	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
27	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
28	407.26	361.04	343.45	329.15	359.59	322.62	293.24	317.57
29	416.01	368.80	350.83	336.23	367.32	329.56	299.55	324.40
30	426.41	378.02	359.60	344.64	376.50	337.80	307.04	332.51
31	437.36	387.73	368.84	353.48	386.17	346.47	314.92	341.04
32	447.21	396.46	377.15	361.45	394.87	354.28	322.01	348.73
33	457.62	405.68	385.92	369.85	404.05	362.52	329.50	356.84
34	468.56	415.39	395.15	378.70	413.72	371.19	337.38	365.37
35	479.51	425.09	404.38	387.55	423.38	379.86	345.27	373.91
36	490.46	434.80	413.61	396.40	433.05	388.53	353.15	382.45
37	501.41	444.51	422.85	405.24	442.72	397.21	361.03	390.98
38	507.43	449.84	427.92	410.11	448.03	401.98	365.37	395.68
39	513.45	455.18	433.00	414.98	453.35	406.75	369.70	400.37
40	533.70	473.14	450.08	431.35	471.23	422.79	384.29	416.17
41	554.50	491.58	467.62	448.16	489.60	439.27	399.26	432.39
42	576.40	510.99	486.09	465.85	508.93	456.61	415.03	449.46
43	598.84	530.88	505.02	483.99	528.75	474.39	431.19	466.96
44	622.38	551.75	524.87	503.02	549.53	493.04	448.14	485.31
45	646.46	573.10	545.18	522.48	570.80	512.12	465.48	504.09
46	671.64	595.42	566.41	542.83	593.03	532.07	483.61	523.73
47	697.92	618.72	588.57	564.07	616.23	552.88	502.53	544.22
48	725.29	642.98	611.65	586.19	640.39	574.56	522.24	565.56
49	753.75	668.21	635.66	609.19	665.52	597.11	542.73	587.75
50	783.31	694.42	660.58	633.08	691.62	620.53	564.01	610.80
51	813.96	721.59	686.43	657.86	718.69	644.81	586.09	634.71
52	845.71	749.74	713.21	683.52	746.72	669.96	608.95	659.46
53	878.56	778.86	740.91	710.06	775.72	695.98	632.60	685.07
54	913.04	809.43	769.99	737.94	806.17	723.30	657.43	711.96
55	948.62	840.97	799.99	766.69	837.58	751.48	683.05	739.71
56	985.84	873.97	831.38	796.78	870.45	780.97	709.85	768.73
57	1,024.16	907.94	863.70	827.74	904.28	811.32	737.44	798.61
58	1,064.12	943.36	897.40	860.04	939.56	842.98	766.21	829.77
59	1,105.72	980.24	932.48	893.66	976.30	875.94	796.16	862.21
60	1,148.96	1,018.58	968.95	928.61	1,014.48	910.19	827.30	895.93
61	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
62	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
63	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
64+	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual

Rates Effective January 1, 2021  
Appendix I-B

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	234.43	236.37	250.72	178.25
21	260.60	262.75	278.71	198.15
22	260.60	262.75	278.71	198.15
23	260.60	262.75	278.71	198.15
24	260.60	262.75	278.71	198.15
25	260.60	262.75	278.71	198.15
26	260.60	262.75	278.71	198.15
27	260.60	262.75	278.71	198.15
28	266.69	268.89	285.23	202.78
29	272.43	274.68	291.36	207.14
30	279.24	281.54	298.65	212.32
31	286.41	288.77	306.31	217.77
32	292.86	295.28	313.21	222.68
33	299.67	302.14	320.50	227.86
34	306.84	309.37	328.16	233.31
35	314.01	316.60	335.83	238.76
36	321.18	323.83	343.50	244.21
37	328.35	331.06	351.17	249.66
38	332.29	335.03	355.38	252.66
39	336.23	339.01	359.60	255.66
40	349.50	352.38	373.79	265.74
41	363.12	366.12	388.35	276.10
42	377.46	380.57	403.69	287.00
43	392.15	395.39	419.41	298.18
44	407.57	410.93	435.89	309.90
45	423.34	426.83	452.76	321.89
46	439.83	443.46	470.40	334.43
47	457.04	460.81	488.80	347.51
48	474.96	478.88	507.97	361.14
49	493.60	497.67	527.90	375.31
50	512.96	517.19	548.60	390.03
51	533.03	537.43	570.07	405.29
52	553.82	558.39	592.31	421.10
53	575.33	580.07	615.31	437.46
54	597.91	602.84	639.46	454.63
55	621.21	626.34	664.38	472.34
56	645.59	650.91	690.45	490.88
57	670.68	676.21	717.29	509.96
58	696.85	702.59	745.27	529.85
59	724.09	730.06	774.41	550.57
60	752.41	758.61	804.69	572.10
61	781.80	788.25	836.13	594.45
62	781.80	788.25	836.13	594.45
63	781.80	788.25	836.13	594.45
64+	781.80	788.25	836.13	594.45

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2021 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**Form Numbers:**

DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2021 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2021. These Individual rates are guaranteed through December 31, 2021. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

**3. Proposed Rate Changes**

All current benefit plans are renewing in 2021. Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is -2.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

**Covid-19:** Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are

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processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average induced demand utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, changes in CMS induced demand factors and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$79.98) PMPM. The projected risk adjustment transfer of (\$90.01) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average

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premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact on-Exchange Silver plans but KFHP is not loading the impact into any rates. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be just under 104%.

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**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

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**7.2. Historical Rate Revisions Effective January 1**

2016	6.6%
2017	12.0%
2018	13.0%
2019	20.0%
2020	5.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,648	\$6,695
Projection Year	\$5,537	\$6,564

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

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**Actuarial Certification**

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2021 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



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Sheila A. Schroer, ASA, MAAA  
Executive Director and Chief Actuary  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 4, 2020

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 1**  
**Market Adjusted Index Rate**

<b>Source/Formula</b>	<b>Component</b>	<b>Value</b>
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$444.38</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.812
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$360.68
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$90.01)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$450.69
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$555.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.009
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$454.93

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 2  
Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	32,679	\$525.97	\$3.22	\$4.36	\$533.55
Small Group	51,108	355.46	3.22	2.95	361.63
<b>Overall</b>	<b>83,787</b>	<b>\$421.96</b>	<b>\$3.22</b>	<b>\$3.50</b>	<b>\$428.68</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
<b>(5) = (1) + (4)</b>	<b>Experience Period - Total</b>	<b>\$3.22</b>
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
<b>(9) = (8)</b>	<b>Projection Period - Total</b>	<b>\$1.60</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 4  
Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
<b>Overall</b>			<b>2.3%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 5  
Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [ (5) / (1) ]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 6  
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
<b>Change in Demographics</b>		<b>1.005</b>	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.707</b>	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 7  
Network Factor**

**Experience Period**

(1) Network	(2) Individual Member Months	(3) Network Adjustment Factor
Signature	32,679	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	32,679	1.000

**Projection Period**

(1) Network	(2) Individual Member Months	(3) Network Adjustment Factor	(4) Normalizing Factor
Signature	32,918	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	32,918	1.000	1.000

<b>Change in Network Factor</b>	<b>1.000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 8  
Utilization Adjustment**

	Pool	Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<b><i>Projection Period</i></b>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 9  
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<b><i>Experience Period</i></b>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	<b>0.984</b>
<b><i>Projection Period</i></b>		
(6) Exhibit 1	Market Adjusted Index Rate	\$555.27
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$90.01
(8) Exhibit 1	Paid to Allowed Ratio	0.812
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$110.90
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.38
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.22
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$560.50
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	<b>1.009</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 10**  
**Risk Adjustment Projection**

		Estimated 2019	Annualized Change	Projected 2021
<b>Platinum</b>				
(1)	Member Months	5,433		4,948
(2)	HHS Transfer % of Premium	0.305		0.397
(3)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(4) = (2) x (3)	Transfer PMPM	\$129.69		\$186.33
(5) = (1) x (4)	Transfer \$	\$704,626		\$921,892
<b>Gold</b>				
(6)	Member Months	8,845		11,263
(7)	HHS Transfer % of Premium	(0.190)		(0.232)
(8)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(9) = (7) x (8)	Transfer PMPM	(\$80.81)		(\$108.69)
(10) = (6) x (9)	Transfer \$	(\$714,772)		(\$1,224,216)
<b>Silver</b>				
(11)	Member Months	9,641		7,459
(12)	HHS Transfer % of Premium	(0.372)		(0.355)
(13)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(14) = (12) x (13)	Transfer PMPM	(\$158.16)		(\$166.29)
(15) = (11) x (14)	Transfer \$	(\$1,524,847)		(\$1,240,380)
<b>Bronze</b>				
(16)	Member Months	8,261		8,904
(17)	HHS Transfer % of Premium	(0.332)		(0.356)
(18)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(19) = (17) x (18)	Transfer PMPM	(\$141.28)		(\$166.85)
(20) = (16) x (19)	Transfer \$	(\$1,167,132)		(\$1,485,596)
<b>Catastrophic</b>				
(21)	Member Months	499		344
(22)	HHS Transfer % of Premium	1.660		1.609
(23)	Statewide Average Premium PMPM (Cat)	\$106.85		\$468.77
(24) = (22) x (23)	Transfer PMPM	\$177.42		\$189.52
(25) = (21) x (24)	Transfer \$	\$88,530		\$65,222
<b>Combined</b>				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	32,679		32,918
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$79.98)		(\$90.01)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$2,613,594)		(\$2,963,076)

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$37.73	8.4%	\$39.43	8.5%
(2)	Health Care Quality	3.92	0.1%	4.09	0.1%
(3)	Commissions	0.60	0.9%	0.66	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$42.24	9.4%	\$44.18	9.6%
(5)	Exchange Assessment	\$4.82	1.1%	\$4.61	1.0%
(6)	PCORI	0.06	0.0%	0.22	0.0%
(7)	State Premium Tax	8.97	2.0%	9.23	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$14.00	3.1%	\$14.25	3.0%
(12)	Contribution to Reserve*	(\$143.89)	-32.1%	(\$58.59)	-12.7%
(13) = (4)+(11)+(12)	Total	(\$87.65)	-19.5%	(\$0.16)	0.0%

**\*Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 12  
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
<b>Name</b>	<b>Market Adjusted Index Rate</b>	<b>Impact of Non-EHB</b>	<b>Non-Funding of CSR Adjustment</b>	<b>Network Factor</b>	<b>Normalized Utilization</b>	<b>Plan Design</b>	<b>Catastrophic Plan Adjustment</b>	<b>Pure Premium</b>	<b>Retention</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Calibration*</b>	<b>Area Curve Calibration</b>	<b>Calibrated Plan Adj Index Rate (Age 21 Base Rate)</b>
KP DC Standard Platinum 0/20/Vision	\$555.27	1.009	1.000	1.000	1.073	0.937	1.000	\$563.38	1.000	\$563.19	0.707	1.000	\$397.95
KP DC Gold 0/20/Vision	555.27	1.009	1.000	1.000	1.033	0.863	1.000	499.45	1.000	499.28	0.707	1.000	352.79
KP DC Gold 1000/20/Vision	555.27	1.009	1.000	1.000	1.019	0.832	1.000	475.11	1.000	474.95	0.707	1.000	335.60
KP DC Gold 1600/25%/HSA/Vision	555.27	1.009	1.000	1.000	0.999	0.814	1.000	455.33	1.000	455.18	0.707	1.000	321.63
KP DC Standard Gold 500/25/Vision	555.27	1.009	1.000	1.000	1.035	0.857	1.000	497.44	1.000	497.26	0.707	1.000	351.37
KP DC Silver 2500/30/Vision	555.27	1.009	1.000	1.000	0.994	0.801	1.000	446.30	1.000	446.15	0.707	1.000	315.25
KP DC Silver 3200/30%/HSA/Vision	555.27	1.009	1.000	1.000	0.965	0.750	1.000	405.66	1.000	405.52	0.707	1.000	286.54
KP DC Standard Silver 4000/40/Vision	555.27	1.009	1.000	1.000	0.999	0.785	1.000	439.31	1.000	439.15	0.707	1.000	310.31
KP DC Bronze 6500/65/Vision	555.27	1.009	1.000	1.000	0.933	0.705	1.000	368.93	1.000	368.81	0.707	1.000	260.60
KP DC Standard Bronze 6350/20%/HSA/Vis	555.27	1.009	1.000	1.000	0.922	0.720	1.000	371.98	1.000	371.86	0.707	1.000	262.75
KP DC Standard Bronze 7500/60/Vision	555.27	1.009	1.000	1.000	0.948	0.742	1.000	394.57	1.000	394.43	0.707	1.000	278.71
KP DC Catastrophic 8550/0/Vision	555.27	1.009	1.000	1.000	0.910	0.688	0.800	280.52	1.000	280.42	0.707	1.000	198.15
	\$555.27	1.009	1.000	1.000	1.000	0.812	0.998	\$456.23	1.000	\$456.07	0.707	1.000	\$322.26

\* Age Curve Calibration from 41.4 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 13  
Quarterly Renewal Factors**

	Source/Formula	Component	Renewal Quarter				Overall
			Q1	Q2	Q3	Q4	
(1)	Data	Member Distribution by Renewal Qtr	100%	n/a	n/a	n/a	100%
(2)	Input	Months of Trend	0.0	n/a	n/a	n/a	
(3)	Exhibit 4	Annual Trend	2.3%	n/a	n/a	n/a	
(4)	Exhibit 1	2021 Claims PMPM					\$454.93
(5)	= (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$454.93	n/a	n/a	n/a	\$454.93
(6)	= (5) / Total (5)	<b>Quarterly Rate Trend Factor</b>	<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 14**  
**Projected Medical Loss Ratio**

			Individual Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$461.38	\$453.00
(2)	Input	Net Claims	\$478.17	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$90.01)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$568.19	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$40.09	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.09	\$4.07
(7)	= (5) + (6)	Total	\$44.18	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.61	\$4.53
(9)	Exhibit 11	PCORI	\$0.22	\$0.22
(10)	Exhibit 11	DC Premium Tax	\$9.23	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$14.25	\$14.00
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$165.25)	(\$89.11)
(16)	= [(4)] / (1)]	Loss Ratio	123.2%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	128.0%	107.7%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

	Silver Exchange Plans	Plan Design	Member Distribution
(1) Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2) 73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3) 87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4) 94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5) Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6) 73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7) 87%	KP DC Standard Silver 100/25/CSR/Vision (400	0.876	1.2%
(8) 94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9) Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10) 73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11) 87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12) 94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13) = Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14) = Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15) = (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	357.99	317.37	301.90	289.33	316.09	283.59	257.77	279.15
21	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
22	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
23	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
24	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
25	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
26	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
27	397.95	352.79	335.60	321.63	351.37	315.25	286.54	310.31
28	407.26	361.04	343.45	329.15	359.59	322.62	293.24	317.57
29	416.01	368.80	350.83	336.23	367.32	329.56	299.55	324.40
30	426.41	378.02	359.60	344.64	376.50	337.80	307.04	332.51
31	437.36	387.73	368.84	353.48	386.17	346.47	314.92	341.04
32	447.21	396.46	377.15	361.45	394.87	354.28	322.01	348.73
33	457.62	405.68	385.92	369.85	404.05	362.52	329.50	356.84
34	468.56	415.39	395.15	378.70	413.72	371.19	337.38	365.37
35	479.51	425.09	404.38	387.55	423.38	379.86	345.27	373.91
36	490.46	434.80	413.61	396.40	433.05	388.53	353.15	382.45
37	501.41	444.51	422.85	405.24	442.72	397.21	361.03	390.98
38	507.43	449.84	427.92	410.11	448.03	401.98	365.37	395.68
39	513.45	455.18	433.00	414.98	453.35	406.75	369.70	400.37
40	533.70	473.14	450.08	431.35	471.23	422.79	384.29	416.17
41	554.50	491.58	467.62	448.16	489.60	439.27	399.26	432.39
42	576.40	510.99	486.09	465.85	508.93	456.61	415.03	449.46
43	598.84	530.88	505.02	483.99	528.75	474.39	431.19	466.96
44	622.38	551.75	524.87	503.02	549.53	493.04	448.14	485.31
45	646.46	573.10	545.18	522.48	570.80	512.12	465.48	504.09
46	671.64	595.42	566.41	542.83	593.03	532.07	483.61	523.73
47	697.92	618.72	588.57	564.07	616.23	552.88	502.53	544.22
48	725.29	642.98	611.65	586.19	640.39	574.56	522.24	565.56
49	753.75	668.21	635.66	609.19	665.52	597.11	542.73	587.75
50	783.31	694.42	660.58	633.08	691.62	620.53	564.01	610.80
51	813.96	721.59	686.43	657.86	718.69	644.81	586.09	634.71
52	845.71	749.74	713.21	683.52	746.72	669.96	608.95	659.46
53	878.56	778.86	740.91	710.06	775.72	695.98	632.60	685.07
54	913.04	809.43	769.99	737.94	806.17	723.30	657.43	711.96
55	948.62	840.97	799.99	766.69	837.58	751.48	683.05	739.71
56	985.84	873.97	831.38	796.78	870.45	780.97	709.85	768.73
57	1,024.16	907.94	863.70	827.74	904.28	811.32	737.44	798.61
58	1,064.12	943.36	897.40	860.04	939.56	842.98	766.21	829.77
59	1,105.72	980.24	932.48	893.66	976.30	875.94	796.16	862.21
60	1,148.96	1,018.58	968.95	928.61	1,014.48	910.19	827.30	895.93
61	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
62	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
63	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93
64+	1,193.85	1,058.37	1,006.80	964.89	1,054.11	945.75	859.62	930.93

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual

Rates Effective January 1, 2021  
Appendix I-B

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	234.43	236.37	250.72	178.25
21	260.60	262.75	278.71	198.15
22	260.60	262.75	278.71	198.15
23	260.60	262.75	278.71	198.15
24	260.60	262.75	278.71	198.15
25	260.60	262.75	278.71	198.15
26	260.60	262.75	278.71	198.15
27	260.60	262.75	278.71	198.15
28	266.69	268.89	285.23	202.78
29	272.43	274.68	291.36	207.14
30	279.24	281.54	298.65	212.32
31	286.41	288.77	306.31	217.77
32	292.86	295.28	313.21	222.68
33	299.67	302.14	320.50	227.86
34	306.84	309.37	328.16	233.31
35	314.01	316.60	335.83	238.76
36	321.18	323.83	343.50	244.21
37	328.35	331.06	351.17	249.66
38	332.29	335.03	355.38	252.66
39	336.23	339.01	359.60	255.66
40	349.50	352.38	373.79	265.74
41	363.12	366.12	388.35	276.10
42	377.46	380.57	403.69	287.00
43	392.15	395.39	419.41	298.18
44	407.57	410.93	435.89	309.90
45	423.34	426.83	452.76	321.89
46	439.83	443.46	470.40	334.43
47	457.04	460.81	488.80	347.51
48	474.96	478.88	507.97	361.14
49	493.60	497.67	527.90	375.31
50	512.96	517.19	548.60	390.03
51	533.03	537.43	570.07	405.29
52	553.82	558.39	592.31	421.10
53	575.33	580.07	615.31	437.46
54	597.91	602.84	639.46	454.63
55	621.21	626.34	664.38	472.34
56	645.59	650.91	690.45	490.88
57	670.68	676.21	717.29	509.96
58	696.85	702.59	745.27	529.85
59	724.09	730.06	774.41	550.57
60	752.41	758.61	804.69	572.10
61	781.80	788.25	836.13	594.45
62	781.80	788.25	836.13	594.45
63	781.80	788.25	836.13	594.45
64+	781.80	788.25	836.13	594.45



**KAISER PERMANENTE®**

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
2101 East Jefferson Street Rockville, Maryland 20852

May 1, 2020

Mr. Efren Tanhehco  
Supervisory Actuary  
Department of Insurance and Securities  
Insurance Product Division  
810 First Street, N.E.  
Washington, DC 20002

Re: NAIC #: 95639  
HIOS Issuer ID 94506  
Individual On-Exchange Rate Filing  
Filing #1

Dear Mr. Tanhehco,

Attached is the Individual on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2021. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall rate change is -2.0%.

Sincerely,

Stephen Chuang  
Senior Actuarial Analyst  
Kaiser Foundation Health Plan, Inc.  
Phone: 301-816-5854  
Fax: 301-816-7124  
Email: [stephen.chuang@kp.org](mailto:stephen.chuang@kp.org)

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

**Purpose, Scope, and Reason for Rate Increase**

Insurance Company Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS ID	94506
SERFF Filing Number	KPMA-132297944
Date of Submission	5/1/2020
Proposed Effective Date	1/1/2021

	Average Annual Premium
Before Rate Change	\$5,648
After Rate Change	\$5,537

	Amount in SERFF's Rate Review Detail Sector		Explanation for differences
Proposed Overall Rate Change	-1.97%	-1.97%	XXX
Proposed Minimum Rate Change	-13.26%	-13.26%	XXX
Proposed Maximum Rate Change	1.71%	1.71%	XXX

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The rating methodology and model were updated which steepened the slope between metal tiers. The induced utilization factors also creates a larger spread between metal tiers, resulting in higher metal tier plans seeing a slight increase or hold, and Bronze plans receiving a large rate decrease.

**Relationship of Proposed Rate Scale to Current Rate Scale:**

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing	
Base Period Experience	400	422	1.055	e.g. previous filing experience period index rate compared to the current filing experience index rate
Base Period Utilization Factor	1	1	0.968	If applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing.
Pricing Trend	1	1	0.942	The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2)
Morbidity Adjustment	1	1	0.998	The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.
Risk Adjustment Recoveries	1	1	1.008	The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.
Pent Up Demand	1	1	1.000	
Reinsurance Recoveries	1	1	1.000	
Reinsurance Premium	1	1	1.000	
Average Age Impact	1	1	1.008	
Additional EHB	1	1	0.993	
Exchange Fee	1	1	0.990	
Fixed Cost Adjustment	1	1	1.000	
SG&A	1	1	1.107	
Margin	1	1	0.919	
Taxes and Fees	1	1	1.032	
Benefit Design Changes	1	1	1.013	
Geography	1	1	1.000	
Tobacco	1	1	1.000	
Provider Networks Changes	1	1	1.000	
Other	1	1	0.959	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
<b>Total Rate Change</b>			0.980	
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17			0.980	
XXXXXX				

**Annual Rate Change Distribution**

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	37	25	0
Reduction of 5.01% to 10.00%	406	539	0
Reduction of 0.01% to 5.00%	979	1,205	0
No Change	0	0	0
Increase of 0.01% to 5.00%	663	703	0
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
Total	2,086	2,473	0

**History of Rate Changes**

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2017	12.00%	12.00%
2018	13.00%	13.00%
2019	20.00%	20.00%
2020	5.00%	5.00%

**Retention**

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	12/31/2019	12/31/2020	12/31/2021		
Commissions & Brokers Fees	\$0.60	\$1.08	\$0.66	11.27%	-38.79%
Taxes, Licenses & Fees	\$9.18	\$13.34	\$9.64	4.99%	-27.76%
Exchange Fee	\$4.82	\$4.57	\$4.61	-4.36%	0.99%
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$41.64	\$35.19	\$43.52	4.51%	23.67%
Profit/Risk Margin	-\$143.89	-\$45.82	-\$58.59	-59.28%	27.88%
Total	-\$87.65	\$8.37	-\$0.16	-99.82%	-101.90%
Variable	-\$118.94	-\$18.08	-\$30.55	-74.32%	69.00%
Non-Variable	\$31.29	\$26.44	\$30.39	-2.88%	14.92%
Total	-\$87.65	\$8.37	-\$0.16	-99.82%	-101.90%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.87%	0.24%	0.89%	1.57%	273.69%
Taxes, Licenses & Fees	2.05%	2.92%	2.04%	-0.29%	-30.10%
Exchange Fee	1.08%	1.00%	1.00%	-7.05%	0.00%
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	8.55%	7.70%	8.69%	1.68%	12.81%
Profit/Risk Margin	-32.09%	-10.03%	-12.70%	-60.42%	26.63%
Total	-19.55%	1.83%	-0.08%	-99.58%	-104.49%
Variable	-25.97%	-3.96%	-6.15%	-76.32%	55.44%
Non-Variable	6.42%	5.79%	6.07%	-5.51%	4.83%
Total	-19.55%	1.83%	-0.08%	-99.58%	-104.49%
Check	TRUE	TRUE	TRUE		



Paid/Allowed Ratio (Cost-Sharing only)	0.837
Used induced utilization factors	0.989
Calculated	0.827

In the text box, please state where in the filing it is located.

xxxxxx

	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	12/31/2019	12/31/2020	12/31/2021		
Total Risk adjustment (Dollar amount)	(\$2,613,594)	(\$2,765,285)	(\$2,963,076)		
Membership Member Months	32,679	31,083	32,818	0.73%	5.90%
PMPM	(\$79.98)	(\$88.96)	(\$90.01)	12.55%	1.18%
Premium	\$14,653,712	\$14,200,923	\$16,167,580	3.64%	6.95%
As a % of Premium	-18%	-19%	-20%	9.39%	0.19%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

xxxxxx

1	<b>Unified Rate Review v5.2</b>										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.			
2											To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.			
3	Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.								State:	DC	To validate, select the Validate button or Ctrl + Shift + I.		
4	HIOS Issuer ID:	94506								Market:	Individual	To finalize, select the Finalize button or Ctrl + Shift + F.		
5	Effective Date of Rate Change(s):	1/1/2021												
6														
7														
8	<b>Market Level Calculations (Same for all Plans)</b>													
9														
10														
11	<b>Section I: Experience Period Data</b>													
12	Experience Period:	1/1/2019		to	12/31/2019								PMPM	
13	Allowed Claims			Total	\$35,917,871.94								\$1,099.11	
14	Reinsurance				\$0.00								\$0.00	
15	Incurred Claims in Experience Period				\$31,661,480.70								\$968.86	
16	Risk Adjustment				-\$6,701,284.26								-\$205.06	
17	Experience Period Premium				\$36,538,969.25								\$1,118.12	
18	Experience Period Member Months				32,679									
19														
20														
21	<b>Section II: Projections</b>													
22	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend			Year 2 Trend			Trended EHB Allowed Claims PMPM					
23			Cost	Utilization	1.000	Cost	Utilization	1.000						
24	Inpatient Hospital	\$47.10	1.031	1.000	1.031	1.000	1.000	\$50.07						
25	Outpatient Hospital	\$27.08	1.034	1.002	1.034	1.002	1.002	\$29.07						
26	Professional	\$249.72	1.010	1.009	1.010	1.009	1.009	\$259.35						
27	Other Medical	\$17.51	1.005	1.026	1.005	1.026	1.026	\$18.62						
28	Capitation	\$1.54	1.000	1.000	1.000	1.000	1.000	\$1.54						
29	Prescription Drug	\$79.04	1.016	1.007	1.016	1.007	1.007	\$82.74						
30	Total	\$421.99						\$441.37						
31														
32	Morbidity Adjustment							0.998						
33	Demographic Shift							1.005						
34	Plan Design Changes							1.003						
35	Other							1.000						
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021						\$444.02						
37														
38	Manual EHB Allowed Claims PMPM							\$0.00						
39	Applied Credibility %							100.00%						
40														
41														
42										<b>Projected Period Totals</b>				
43	Projected Index Rate for	1/1/2021						\$444.02	\$14,617,138.40					
44	Reinsurance							\$0.00	\$0.00					
45	Risk Adjustment Payment/Charge							-\$110.90	-\$3,650,828.00					
46	Exchange User Fees							0.00%	\$0.00					
47	Market Adjusted Index Rate							\$554.92	\$18,267,966.40					
48	Projected Member Months							32,920						
49														
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.													
51														

**Product-Plan Data Collection**

Company Legal Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
 HIOS Issuer ID: 94506  
 Effective Date of Rate Change(s): 1/1/2021

State: DC  
 Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
 To validate, select the Validate button or Ctrl + Shift + I.  
 To finalize, select the Finalize button or Ctrl + Shift + F.  
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.  
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

**Product/Plan Level Calculations**

**Field # Section I: General Product and Plan Information**

		Individual HMO On Exchange																	
		94506DC039																	
		KP DC Standard		KP DC Gold		KP DC Gold		KP DC Standard		KP DC Silver		KP DC Standard		KP DC Bronze		KP DC Standard		KP DC Catastrophic	
1.1 Product Name		94506DC0390001																	
1.2 Product ID		94506DC0390002																	
1.3 Plan Name		94506DC0390003																	
1.4 Plan ID (Standard Component ID)		94506DC0390004																	
1.5 Metal		Platinum		Gold		Gold		Gold		Silver		Silver		Bronze		Bronze		Catastrophic	
1.6 AV Metal Value		0.907		0.807		0.810		0.775		0.718		0.718		0.687		0.648		0.639	
1.7 Plan Category		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing	
1.8 Plan Type		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO	
1.9 Exchange Plan?		Yes																	
1.10 Effective Date of Proposed Rates		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021	
1.11 Cumulative Rate Change % (over 12 mos prior)		0.39%		1.71%		-0.07%		-0.45%		-5.32%		-2.16%		-7.08%		-4.51%		-8.34%	
1.12 Product Rate Increase %		-1.81%																	
1.13 Submission Level Rate Increase %		-1.81%																	

**Worksheet 1 Totals**

**Section II: Experience Period and Current Plan Level Information**

		Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390011	94506DC0390013	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008	
2.1 Plan ID (Standard Component ID)	Total	\$17,435,823	\$5,494,175	\$1,988,967	\$1,083,040	\$1,332,015	\$500,889	\$1,295,787	\$1,933,929	\$519,617	\$913,377	\$1,020,822	\$1,139,430	\$213,775	
2.2 Allowed Claims		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2.3 Reinsurance		\$2,531,423	\$347,608	\$273,282	\$164,371	\$157,267	\$93,824	\$231,688	\$330,411	\$101,996	\$194,661	\$278,624	\$296,390	\$61,301	
2.4 Member Cost Sharing		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2.5 Cost Sharing Reduction		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2.6 Incurred Claims		\$14,904,400	\$5,146,567	\$1,715,685	\$918,669	\$1,174,748	\$407,065	\$1,064,099	\$1,603,518	\$417,621	\$718,116	\$742,198	\$843,040	\$152,474	
2.7 Risk Adjustment Transfer Amount		\$5,701,284	\$700,646	\$309,514	\$146,272	\$210,437	\$48,569	\$495,854	\$746,421	\$284,014	\$464,125	\$374,973	\$328,086	\$88,533	
2.8 Premium		\$36,538,869	\$14,653,712	\$2,776,797	\$1,768,684	\$831,062	\$1,141,939	\$268,827	\$1,451,978	\$2,053,749	\$781,147	\$1,437,239	\$1,101,779	\$936,051	\$104,460
2.9 Experience Period Member Months		32,679	5,433	3,830	1,810	2,604	601	3,135	4,833	1,673	3,285	2,654	2,322	499	
2.10 Current Enrollment		2,652	481	367	182	275	35	198	383	89	214	191	187	40	
2.11 Current Premium P/M		\$471.81	\$532.09	\$480.93	\$450.98	\$468.18	\$440.51	\$483.50	\$452.80	\$442.24	\$479.89	\$449.80	\$426.28	\$215.67	
2.12 Loss Ratio		123.79%	147.83%	117.58%	134.15%	126.11%	184.81%	111.29%	124.37%	80.85%	73.86%	102.12%	138.66%	79.00%	
Per Member Per Month															
2.13 Allowed Claims		\$533.55	\$1,011.26	\$519.31	\$598.36	\$511.53	\$833.43	\$413.33	\$400.15	\$310.59	\$278.04	\$384.64	\$490.71	\$428.41	
2.14 Reinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
2.15 Member Cost Sharing		\$77.46	\$63.98	\$71.35	\$90.81	\$56.11	\$73.90	\$68.37	\$59.25	\$59.25	\$104.98	\$137.64	\$122.85		
2.16 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
2.17 Incurred Claims		\$456.08	\$947.28	\$447.96	\$507.55	\$451.13	\$677.31	\$339.43	\$331.79	\$249.62	\$218.79	\$279.65	\$363.07	\$305.50	
2.18 Risk Adjustment Transfer Amount		\$79.98	\$129.70	\$80.81	\$80.81	\$80.81	\$80.81	\$158.17	\$158.17	\$158.17	\$141.29	\$141.29	\$141.29	\$177.42	
2.19 Premium		\$448.41	\$511.10	\$461.80	\$459.15	\$438.53	\$447.30	\$463.15	\$424.94	\$466.91	\$437.52	\$415.14	\$403.17	\$209.34	

**Section III: Plan Adjustment Factors**

		94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390011	94506DC0390013	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008
3.1 Plan ID (Standard Component ID)		1554.92											
3.2 Market Adjusted Index Rate		1.0000											
3.3 AV and Cost Sharing Design of Plan		1.0051	0.8911	0.8477	0.8875	0.8124	0.7963	0.7838	0.7238	0.7040	0.6637	0.6582	0.6256
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094
Administrative Costs													
3.6 Administrative Expense		9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%
3.7 Taxes and Fees		3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%
3.8 Profit & Risk Load		-12.70%	-12.70%	-12.70%	-12.70%	-12.70%	-12.70%	-12.70%	-12.70%	-12.70%	-12.70%	-12.70%	-12.70%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$562.77	\$498.94	\$474.64	\$496.92	\$454.87	\$445.86	\$438.86	\$405.26	\$394.18	\$371.61	\$368.53	\$280.22
Calibration Factors													
3.11 Age Calibration Factor		0.7066											
3.12 Geographic Calibration Factor		1.0000											
3.13 Tobacco Calibration Factor		1.0000											
3.14 Calibrated Plan Adjusted Index Rate		\$397.65	\$352.55	\$335.38	\$351.13	\$321.41	\$315.04	\$310.10	\$286.36	\$278.53	\$262.58	\$260.41	\$198.01

**Section IV: Projected Plan Level Information**

		Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390011	94506DC0390013	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008
4.1 Plan ID (Standard Component ID)	Total	\$18,813,259	\$5,237,455	\$2,584,694	\$1,588,346	\$1,962,941	\$995,268	\$977,286	\$1,886,404	\$344,977	\$992,653	\$1,168,325	\$1,514,884	\$160,026
4.2 Allowed Claims		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.3 Reinsurance		\$3,072,768	\$332,424	\$354,580	\$266,430	\$280,041	\$73,696	\$194,247	\$405,831	\$86,126	\$255,667	\$327,357	\$446,195	\$49,974
4.4 Member Cost Sharing		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.5 Cost Sharing Reduction		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.6 Incurred Claims		\$15,740,491	\$4,905,031	\$2,230,114	\$1,321,916	\$1,682,900	\$321,572	\$783,039	\$1,480,573	\$258,851	\$736,986	\$840,768	\$1,068,689	\$110,052
4.7 Risk Adjustment Transfer Amount		\$2,963,078	\$921,892	\$517,016	\$270,483	\$387,410	\$49,307	\$386,560	\$709,063	\$164,767	\$537,023	\$479,305	\$469,268	\$65,222
4.8 Premium		\$15,187,578	\$2,811,604	\$2,396,438	\$1,192,834	\$1,788,489	\$208,357	\$992,430	\$1,889,427	\$405,425	\$1,281,008	\$1,077,858	\$1,046,650	\$97,378
4.9 Projected Member Months		32,201	4,946	4,757	2,489	3,564	454	2,094	4,264	991	3,219	2,873	2,813	344
4.10 Loss Ratio		128.76%	131.38%	118.66%	143.35%	120.12%	202.18%	125.13%	125.43%	107.56%	99.06%	140.47%	185.09%	67.68%
Per Member Per Month														
4.11 Allowed Claims		\$571.48	\$1,058.50	\$543.35	\$638.15	\$550.77	\$870.63	\$443.41	\$442.40	\$348.11	\$308.37	\$406.66	\$538.53	\$465.19
4.12 Reinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4.13 Member Cost Sharing		\$93.34	\$67.18	\$74.54	\$107.04	\$78.57	\$162.33	\$88.13	\$95.18	\$86.91	\$79.42	\$114.01	\$158.62	\$145.27
4.14 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4.15 Incurred Claims		\$478.14	\$991.32	\$468.81	\$531.10	\$472.19	\$708.31	\$355.28	\$347.23	\$261.20	\$228.95	\$292.64	\$379.91	\$319.92
4.16 Risk Adjustment Transfer Amount		\$90.01	\$146.03	\$109.69	\$108.47	\$108.47	\$108.47	\$108.47	\$108.47	\$108.47	\$108.47	\$108.47	\$108.47	\$108.47
4.17 Premium		\$461.35	\$568.23	\$503.77	\$479.16	\$501.82	\$458.94	\$450.24	\$443.11	\$409.11	\$397.95	\$375.17	\$372.08	\$283.00

## Rating Area Data Collection

*Specify the total number of Rating Areas  
Select only the Rating Areas you are  
To validate, select the Validate button  
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0000

Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
re offering plans within and add a factor for each area.  
tton or Ctrl + Shift + I.  
on or Ctrl + Shift + F.

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company      Kaiser Foundation Health Plan of the Mid-Atlantic  
SERFF tracking number      KPMA-132297944  
Submission Date      May 1, 2020  
Product Name      Individual HMO On Exchange  
Market Type       Individual       Small Group  
Rate Filing Type       Rate Increase       New Filing

### Scope and Range of the Increase:

The -2.0 % increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.

This filing will impact:

# of policyholder's 2086

# of covered lives 2473

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved -2.0 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -13.1%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 1.71 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

### Financial Experience of Product

The overall financial experience of the product includes:

For the 2019 experience period, Kaiser lost \$4.7 million dollars on \$14.7 million dollars of premium on the Individual pool. This is equivalent to a margin of -32.1%. The estimated net medical expense and risk adjustment incurred is \$17.5 million dollars. Other estimated expenses for administration, taxes and fees are \$1.8 million.

The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -35.8% for the projection period.

### Components of Increase

The request is made up of the following components:

*Trend Increases* – 2.3 % of the -2 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is n/a % of the -2 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is n/a % of the -2 % total filed increase.

*Other Increases* – -4.3 % of the -2 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0% of the -2 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is -1.4 % of the -2 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 3.2 % of the -2 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is -6.1 % of the -2 % total filed increase.

5. Other – Defined as:

This component is 0.0% of the -2 % total filed increase.

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$150.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	65.00%	65.00%	100.00%
MOOP (\$)	\$6,950.00		\$4,000.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$16.80	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

Name: 2021 KP DC Q/20/Vision  
 Plan HIOS ID: 94506DC0390002-01  
 Issuer HIOS ID: 94506  
 AVC Version: 2021\_1j

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.65%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1172 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$200.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	65.00%	65.00%	100.00%
MOOP (\$)	\$6,950.00		\$4,000.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$16.80	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Plan Description:**

**Name:** 2021 KP DC Gold 1000/20/Vision  
**Plan HIOS ID:** 94506DC0390003-01  
**Issuer HIOS ID:** 94506  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 79.65%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.3008 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	\$1,600.00
Coinsurance (% , Insurer's Cost Share)	65.00%	65.00%	75.00%
MOOP (\$)	\$6,850.00		\$5,000.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$21.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** 2021 KP DC Gold 1600/25%/HSA/Vision  
**Plan HIOS ID:** 94506DC0390013-01  
**Issuer HIOS ID:** 94506  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 77.51%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.2695 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$800.00	\$1,550.00
Coinsurance (% , Insurer's Cost Share)	65.00%	65.00%	75.00%
MOOP (\$)	\$8,250.00		\$4,500.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.20	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** 2021 KP DC Silver 2500/30/Vision  
**Plan HIOS ID:** 94506DC0390004-01  
**Issuer HIOS ID:** 94506  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.76%  
 Metal Tier: Silver

**Additional Notes:**

Calculation Time: 0.2695 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$750.00	\$3,200.00
Coinsurance (% , Insurer's Cost Share)	65.00%	65.00%	70.00%
MOOP (\$)	\$7,750.00		\$6,650.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** 2021 KP DC Silver 3200/30%/HSA/Vision  
**Plan HIOS ID:** 94506DC0390006-01  
**Issuer HIOS ID:** 94506  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 68.68%  
 Metal Tier: Silver

**Additional Notes:**

Calculation Time: 0.2852 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Bronze

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$1,000.00	\$6,500.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%	50.00%
MOOP (\$)	\$8,550.00		\$8,550.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$54.60	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** 2021 KP DC Bronze 6500/65/Vision  
**Plan HIOS ID:** 94506DC0390012-01  
**Issuer HIOS ID:** 90296  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.89%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

**Draft 2021 AV Calculator**

0.3008 seconds

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,200.00	\$800.00
Coinsurance (% , Insurer's Cost Share)	65.00%	65.00%
MOOP (\$)	\$6,550.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.20	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Silver 2500/30/Dental CSR 73%  
**Plan HIOS ID:** 94506DC0390004-01  
**Issuer HIOS ID:** 90296  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.98%  
 Metal Tier: Silver

**Additional Notes:**

Calculation Time: 0.3672 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (% , Insurer's Cost Share)	70.00%	70.00%	
MOOP (\$)	\$2,700.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$8.40	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Silver 2500/30/Dental CSR 87%  
**Plan HIOS ID:** 94506DC0390004-01  
**Issuer HIOS ID:** 90296  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.94%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.2852 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	90.00%
MOOP (\$)	\$1,800.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$4.20	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

**Plan Description:**

**Name:** KP DC Silver 2500/30/Dental CSR 94%  
**Plan HIOS ID:** 94506DC0390004-01  
**Issuer HIOS ID:** 90296  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.82%  
 Metal Tier: Platinum

**Additional Notes:**

Calculation Time: 0.3164 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%	
MOOP (\$)	\$6,600.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Standard Silver 4000/40/Dental CSR 73%  
**Plan HIOS ID:** 94506DC0390005-01  
**Issuer HIOS ID:** 94506  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.91%  
 Metal Tier: Silver

**Additional Notes:**

Calculation Time: 0.2852 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$100.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%	
MOOP (\$)	\$2,700.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Standard Silver 4000/40/Dental CSR 87%  
**Plan HIOS ID:** 94506DC0390005-01  
**Issuer HIOS ID:** 94506  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.85%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.3125 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	90.00%
MOOP (\$)	\$2,250.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Standard Silver 4000/40/Dental CSR 94%  
**Plan HIOS ID:** 94506DC0390005-01  
**Issuer HIOS ID:** 94506  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.76%  
 Metal Tier: Platinum

**Additional Notes:**

Calculation Time: 0.2852 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,650.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Silver 3200/30%/HSA/Dental CSR 73%  
**Plan HIOS ID:** 94506DC0390006-01  
**Issuer HIOS ID:** 90296  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.57%  
 Metal Tier: Silver

**Additional Notes:**

Calculation Time: 0.2695 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$600.00
Coinsurance (% , Insurer's Cost Share)			90.00%
MOOP (\$)			\$2,700.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Silver 3200/30%/HSA/Dental CSR 87%  
**Plan HIOS ID:** 94506DC0390006-01  
**Issuer HIOS ID:** 90296  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.86%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.2852 seconds

**Draft 2021 AV Calculator**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$100.00
Coinsurance (% , Insurer's Cost Share)			95.00%
MOOP (\$)			\$2,300.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

**Name:** KP DC Silver 3200/30%/HSA/Dental CSR 94%  
**Plan HIOS ID:** 94506DC0390006-01  
**Issuer HIOS ID:** 90296  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.29%  
 Metal Tier: Platinum

**Additional Notes:**

Calculation Time: 0.2695 seconds

**Draft 2021 AV Calculator**

**Standard Plans Advisory Working Group  
Platinum Plan 2021**

<b>Actuarial Value</b>		88.99%	
<b>Individual Overall Deductible</b>		\$0	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		\$0	
<b>Prescription Drugs</b>		\$0	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		\$2,000	
<b>Common Medical Event</b>	<b>Service Type</b>	<b>Member Cost Share</b>	<b>Deductible Applies</b>
<b>Health Care Provider's Office or Clinic visit</b>	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$20	
	Specialist visit	\$40	
	Preventive care/screening/immunization	\$0	
<b>Tests</b>	Laboratory tests	\$20	
	X-rays and diagnostic imaging	\$40	
	Imaging (CT/PET scans, MRIs)	\$150	
<b>Drugs to treat Illness or Condition</b>	Generic	\$5	
	Preferred brand	\$15	
	Non-preferred Brand	\$25	
	Specialty	\$100	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	\$250	
	Physician/Surgeon fee		
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75	
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$150	
	Emergency medical transportation	\$150	
	Urgent Care	\$40	
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	\$250 per day up to 5 days	
	Physician/surgeon fee		
<b>Mental/Behavioral Health</b>	M/B office visits	\$20	
	M/B outpatient services	\$20	
	M/B inpatient services	\$250 per day up to 5 days	
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	\$20	
	Substance abuse disorder outpatient services	\$20	
	Substance abuse disorder inpatient services	\$250 per day up to 5 days	
<b>Pregnancy</b>	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	Hospital Professional	\$250 per day up to 5 days

\*Copay may not apply in a staff model HMO setting.

<b>Help recovering or other special health needs</b>	Home health care	\$20	
	Outpatient rehabilitation services	\$20	
	Outpatient habilitation services	\$20	
	Skilled nursing care	\$150 per day up to 5 days	
	Durable medical equipment	10%	
	Hospice services	\$0	
<b>Child eye care</b>	Eye exam	\$0	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam	\$0	
	Preventive – cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
	Space Maintainers – Fixed	\$0	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$25	
<b>Child Dental Major Services</b>	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$1,000	

**D.C. Health Benefit Exchange  
Standard Plans Advisory Working Group  
Gold Plan 2021**

<b>Actuarial Value</b>		81.95%	
<b>Individual Overall Deductible</b>		\$0	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		\$500	
<b>Prescription Drugs</b>		\$0	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		\$4,950	
<b>Common Medical Event</b>	<b>Service Type</b>	<b>Member Cost Share</b>	<b>Deductible Applies</b>
<b>Health Care Provider's Office or Clinic visit</b>	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$25	
	Specialist visit	\$50	
	Preventive care/screening/immunization	\$0	
<b>Tests</b>	Laboratory tests	\$30	
	X-rays and diagnostic imaging	\$50	
	Imaging (CT/PET scans, MRIs)	\$250	
<b>Drugs to treat Illness or Condition</b>	Generic	\$15	
	Preferred brand	\$50	
	Non-preferred Brand	\$70	
	Specialty	\$150	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	\$600	
	Physician/Surgeon fee		
<b>Outpatient Non-Surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75	
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$300	
	Emergency medical transportation	\$300	
	Urgent Care	\$60	
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	\$600 per day up to 5 days	X
	Physician/surgeon fee		X
<b>Mental/Behavioral Health</b>	M/B office visits	\$25	
	M/B outpatient services	\$25	
	M/B inpatient services	\$600 per day up to 5 days	X
<b>Substance Abuse needs</b>	Substance abuse disorder office visits	\$25	
	Substance abuse disorder outpatient services	\$25	
	Substance abuse disorder inpatient services	\$600 per day up to 5 days	X
<b>Pregnancy</b>	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	\$600 per day up to 5 days	X
	Hospital		
	Professional		X

\*Copay may not apply in staff model HMO setting.

<b>Help recovering or other special health needs</b>	Home health care	\$30	
	Outpatient rehabilitation services	\$30	
	Outpatient habilitation services	\$30	
	Skilled nursing care	\$300 per day up to 5 days	
	Durable medical equipment	20%	
	Hospice services	\$0	
<b>Child eye care</b>	Eye exam	\$0	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam	\$0	
	Preventive – cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
	Space Maintainers – Fixed	\$0	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$25	
<b>Child Dental Major Services</b>	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$1,000	

**Standard Plans Advisory Working Group  
Silver Plan 2021**

<b>Actuarial Value</b>		71.96%		
<b>Individual Overall Deductible</b>		\$4,250		
<b>Other individual deductibles for specific services</b>				
<b>Medical</b>		\$4,000		
<b>Prescription Drugs</b>		\$250		
<b>Dental</b>		\$0		
<b>Individual Out-of-Pocket Maximum</b>		\$8,250		
<b>Common Medical Event</b>	<b>Service Type</b>	<b>Member Cost Share</b>	<b>Deductible Applies</b>	
<b>Health Care Provider's Office or Clinic visit</b>	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$40		
	Specialist visit	\$80		
	Preventive care/screening/immunization	\$0		
<b>Tests</b>	Laboratory tests	\$60		
	X-rays and diagnostic imaging	\$80		
	Imaging (CT/PET scans, MRIs)	\$300		
<b>Drugs to treat Illness or Condition</b>	Generic	\$15		
	Preferred brand	\$50	X	
	Non-preferred Brand	\$70	X	
	Specialty	\$150	X	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	20%	X	
	Physician/Surgeon fee	20%	X	
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X	
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$350	X	
	Emergency medical transportation	\$350	X	
	Urgent Care	\$90		
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	20%	X	
	Physician/surgeon fee		X	
<b>Mental/Behavioral Health</b>	M/B office visits	\$40		
	M/B outpatient services	\$0		
	M/B inpatient services	20%	X	
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	\$40		
	Substance abuse disorder outpatient services	\$0		
	Substance abuse disorder inpatient services	20%	X	
<b>Pregnancy</b>	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	20%	X
		Professional		X

\*Coinsurance may not apply in staff model HMO setting.

<b>Help recovering or other special health needs</b>	Home health care	\$50	
	Outpatient rehabilitation services	\$65	
	Outpatient habilitation services	\$65	
	Skilled nursing care	20%	X
	Durable medical equipment	20%	
	Hospice services	\$0	
<b>Child eye care</b>	Eye exam	\$0	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam	\$0	
	Preventive – cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
	Space Maintainers – Fixed	\$0	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$25	
<b>Child Dental Major Services</b>	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$1,000	

**Standard Plans Advisory Working Group  
Bronze Copay Plan 2021**

<b>Actuarial Value</b>		64.96%		
<b>Individual Overall Deductible</b>		\$8,350		
<b>Other individual deductibles for specific services</b>				
<b>Medical</b>		\$7,500		
<b>Prescription Drugs</b>		\$850		
<b>Dental</b>		\$0		
<b>Individual Out-of-Pocket Maximum</b>		\$8,550		
<b>Common Medical Event</b>	<b>Service Type</b>	<b>Member Cost Share</b>	<b>Deductible Applies</b>	
<b>Health Care Provider's Office or Clinic visit</b>	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$60		
	Specialist visit	\$125		
	Preventive care/screening/immunization	\$0		
<b>Tests</b>	Laboratory tests	\$55	X	
	X-rays and diagnostic imaging	\$80	X	
	Imaging (CT/PET scans, MRIs)	\$500	X	
<b>Drugs to treat Illness or Condition</b>	Generic	\$25		
	Preferred brand	\$75	X	
	Non-preferred Brand	\$100	X	
	Specialty	\$150	X	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	40%	X	
	Physician/Surgeon fee	40%	X	
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	40%	X	
<b>Need Immediate Attention</b>	Emergency room services	40%	X	
	Emergency medical transportation	40%	X	
	Urgent Care	\$100		
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	40%	X	
	Physician/surgeon fee	40%	X	
<b>Mental/Behavioral Health</b>	M/B office visits	\$60		
	M/B outpatient services	\$0		
	M/B inpatient services	40%	X	
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	\$60		
	Substance abuse disorder outpatient services	\$0		
	Substance abuse disorder inpatient services	40%	X	
<b>Pregnancy</b>	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	40% %	X
		Professional		X

\*Coinsurance may not apply in a staff model HMO setting.

<b>Help recovering or other special health needs</b>	Home health care ( up to 90 visits for 4 hours per calendar yr)	\$50	X
	Outpatient rehabilitation services	\$50	X
	Outpatient habilitation services	\$50	X
	Skilled nursing care	30%	X
	Durable medical equipment	30%	X
	Hospice services	30%	X
<b>Child eye care</b>	Eye exam (OD)	\$50	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam	\$0	
	Preventive – cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$41	
<b>Child Dental Major Services</b>	Root canal – molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$3,422	

**Standard Plans Advisory Working Group  
HSA Bronze Plan 2020**

<b>Actuarial Value</b>		64.99%	
<b>Individual Overall Deductible</b>		\$6,350	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		\$6,200	
<b>Prescription Drugs</b>		Integrated with Medical	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		\$6,900	
<b>Common Medical Event</b>	<b>Service Type</b>	<b>Member Cost Share</b>	<b>Deductible Applies</b>
<b>Health Care Provider's Office or Clinic visit</b>	Primary care visit or non-specialist practitioner visit to treat an injury or illness	20%	X
	Specialist visit	20%	X
	Preventive care/screening/immunization	\$0	
<b>Tests</b>	Laboratory tests	20%	X
	X-rays and diagnostic imaging	20%	X
	Imaging (CT/PET scans, MRIs)	20%	X
<b>Drugs to treat Illness or Condition</b>	Generic	20%	X
	Preferred brand	20%	X
	Non-preferred Brand	20%	X
	Specialty	20%	X
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	20%	X
	Physician/Surgeon fee	20%	X
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X
<b>Need Immediate Attention</b>	Emergency room services	20%	X
	Emergency medical transportation	20%	X
	Urgent Care	20%	X
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee	20%	X
<b>Mental/Behavioral Health</b>	M/B office visits	20%	X
	M/B outpatient services	20%	X
	M/B inpatient services	20%	X
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	20%	X
	Substance abuse disorder outpatient services	20%	X
	Substance abuse disorder inpatient services	20%	X
<b>Pregnancy</b>	Prenatal care and preconception services	\$0	X
	Delivery and all inpatient services	Hospital	X
		Professional	X
		20%	

\*Coinsurance may not apply in a staff model HMO setting.

<b>Help recovering or other special health needs</b>	Home health care ( up to 90 visits for 4 hours per calendar yr)	20%	X
	Outpatient rehabilitation services	20%	X
	Outpatient habilitation services	20%	X
	Skilled nursing care	20%	X
	Durable medical equipment	20%	X
	Hospice services	20%	X
<b>Child eye care</b>	Eye exam (OD)	\$50	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam	\$0	
	Preventive – cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$41	
<b>Child Dental Major Services</b>	Root canal – molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$3,422	

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP  
PLANS SOLD ON DC HEALTH LINK  
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memorandum
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	AM (Page 1)
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	AM (Page 2)
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	SERFF Rate Filing Submission Date
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	AM (Page 1)
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	AM (Page 1)
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	KPIF AM (Exhibit 12) SG AM (Exhibit 12)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	KPIF URRT SG URRT
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.</b>	Yes	Rate/Rule Schedule (Overall % Rate Impact)
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Supporting Documentation (Absolute Maximum Premium Increase Exh)
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Rate/Rule Schedule (Rate Review Detail)
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Unified Rate Review Template
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DISB AM Dataset

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
17	Index Rate	Provide the index rate.	Yes	AM (Exhibit 1)
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	AM (Exhibits 1-13)
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	N/A	N/A
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Unified Rate Review Template and AM Exhibit 4
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.  For initial filings, provide the derivation of any new plan factors.	Yes	AM (Exhibit 12)
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	AM (Exhibit 1 and 6)
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	N/A	N/A
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Unified Rate Review Template, worksheet 2
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memorandum (Section 4)
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memorandum (Exhibit 14)

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	AM (Exhibit 11)
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Actuarial Memorandum (Exhibit 14)
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	AM (Exhibit 10)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	N/A	N/A
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	N/A	N/A
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	AM (Section 4)
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	AM (Exhibit 11)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	AM (Exhibits 2 and 11)
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	AM (Exhibits 1-15)
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	N/A	N/A
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	Supporting Documentation
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation

40	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	N/A	N/A
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**CERTIFYING SIGNATURE**

**The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.**

Stephen Chuang

**(Print Name)**



**(Signature)**

State: District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: 2021 DC Individual Exchange Rate Filing

Project Name/Number: /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/28/2020		Rate	2021 DC Individual Rate Table	05/04/2020	2021 DC KPIF Rate Table.pdf (Superseded)
04/28/2020		Supporting Document	Absolute Maximum Premium Increase	05/04/2020	Absolute Maximum Premium Increase Exhibit 2021.xlsx (Superseded)
03/11/2020		Supporting Document	Actuarial Justification	05/04/2020	2021 DC KPIF Actuarial Memorandum and Exhibits v1.pdf (Superseded)
03/11/2020		Supporting Document	Actuarial Memorandum	05/04/2020	2021 DC KPIF Actuarial Memorandum and Exhibits v1.pdf (Superseded)
03/11/2020		Supporting Document	Actuarial Memorandum and Certifications	05/04/2020	2021 DC KPIF Actuarial Memorandum and Exhibits v1.pdf (Superseded)
03/11/2020		Supporting Document	DISB Actuarial Memorandum Dataset	05/04/2020	Kaiser Individual DC Actuarial_Memo_Dataset_2021 v1.xlsx (Superseded) Kaiser Individual DC Actuarial_Memo_Dataset_2021 v1.pdf (Superseded)
03/11/2020		Supporting Document	Unified Rate Review Template	05/04/2020	Unified-Rate-Review-Template-v5.1_0 2021 DC Individual v1.xlsm (Superseded) Unified-Rate-Review-Template-v5.1_0 2021 DC Individual v1.pdf (Superseded)
03/11/2020		Supporting Document	District of Columbia Plain Language Summary	05/04/2020	2021_DC_KPIF_Part_II_Justification_Plain_Language_Summary_v1.pdf (Superseded)

SERFF Tracking #:

KPMA-132297944

State Tracking #:

Company Tracking #:

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State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2021 DC Individual Exchange Rate Filing

Project Name/Number:

/

***Attachment Absolute Maximum Premium Increase Exhibit 2021.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Kaiser Individual DC Actuarial\_Memo\_Dataset\_2021 v1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified-Rate-Review-Template-v5.1\_0 2021 DC Individual v1.xlsm is not a PDF document and cannot be reproduced here.***

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	340.62	301.97	287.26	275.30	300.75	269.83	245.26	265.60
21	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
22	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
23	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
24	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
25	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
26	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
27	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
28	387.49	343.53	326.79	313.19	342.14	306.96	279.02	302.15
29	395.83	350.92	333.81	319.92	349.50	313.57	285.02	308.65
30	405.72	359.69	342.16	327.92	358.23	321.40	292.14	316.37
31	416.14	368.92	350.94	336.34	367.43	329.66	299.64	324.49
32	425.51	377.24	358.85	343.92	375.71	337.08	306.39	331.80
33	435.41	386.01	367.20	351.91	384.45	344.92	313.52	339.52
34	445.83	395.24	375.98	360.33	393.64	353.17	321.02	347.64
35	456.24	404.48	384.77	368.75	402.84	361.43	328.52	355.76
36	466.66	413.71	393.55	377.17	412.04	369.68	336.02	363.88
37	477.08	422.95	402.33	385.59	421.23	377.93	343.52	372.01
38	482.81	428.03	407.17	390.22	426.29	382.47	347.64	376.47
39	488.53	433.11	412.00	394.85	431.35	387.01	351.77	380.94
40	507.80	450.19	428.25	410.43	448.37	402.27	365.65	395.97
41	527.60	467.74	444.94	426.42	465.84	417.95	379.90	411.40
42	548.43	486.21	462.51	443.26	484.24	434.45	394.90	427.65
43	569.78	505.14	480.52	460.52	503.09	451.37	410.27	444.30
44	592.18	524.99	499.40	478.62	522.86	469.11	426.40	461.76
45	615.09	545.31	518.73	497.14	543.10	487.26	442.90	479.63
46	639.05	566.55	538.93	516.50	564.25	506.24	460.15	498.31
47	664.05	588.71	560.02	536.71	586.32	526.05	478.15	517.80
48	690.09	611.80	581.98	557.76	609.32	546.68	496.90	538.11
49	717.18	635.81	604.82	579.65	633.23	568.13	516.40	559.23
50	745.30	660.74	628.54	602.38	658.06	590.41	536.65	581.16
51	774.47	686.60	653.13	625.95	683.82	613.52	557.66	603.90
52	804.68	713.38	678.61	650.37	710.49	637.45	579.41	627.46
53	835.92	741.08	704.96	675.62	738.08	662.20	601.91	651.82
54	868.74	770.17	732.64	702.14	767.05	688.19	625.53	677.41
55	902.59	800.18	761.19	729.50	796.94	715.01	649.91	703.81
56	938.01	831.58	791.05	758.13	828.21	743.07	675.41	731.42
57	974.46	863.90	821.80	787.60	860.40	771.95	701.66	759.85
58	1,012.48	897.61	853.86	818.33	893.97	802.07	729.04	789.50
59	1,052.07	932.70	887.24	850.32	928.92	833.42	757.54	820.36
60	1,093.21	969.18	921.94	883.57	965.25	866.02	787.17	852.45
61	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
62	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
63	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
64+	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-B**

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	223.06	224.91	238.56	169.60
21	247.96	250.01	265.19	188.53
22	247.96	250.01	265.19	188.53
23	247.96	250.01	265.19	188.53
24	247.96	250.01	265.19	188.53
25	247.96	250.01	265.19	188.53
26	247.96	250.01	265.19	188.53
27	247.96	250.01	265.19	188.53
28	253.76	255.86	271.39	192.94
29	259.22	261.36	277.23	197.09
30	265.70	267.89	284.16	202.01
31	272.52	274.77	291.45	207.20
32	278.66	280.96	298.02	211.87
33	285.14	287.49	304.95	216.80
34	291.96	294.37	312.25	221.98
35	298.78	301.25	319.54	227.17
36	305.60	308.13	326.84	232.36
37	312.42	315.01	334.13	237.54
38	316.17	318.79	338.14	240.40
39	319.93	322.57	342.16	243.25
40	332.55	335.30	355.65	252.84
41	345.51	348.36	369.52	262.70
42	359.15	362.12	384.11	273.07
43	373.13	376.22	399.06	283.70
44	387.80	391.01	414.75	294.85
45	402.81	406.14	430.80	306.26
46	418.50	421.96	447.58	318.19
47	434.87	438.46	465.09	330.64
48	451.92	455.66	483.32	343.61
49	469.66	473.54	502.29	357.09
50	488.08	492.11	521.99	371.10
51	507.18	511.37	542.42	385.62
52	526.96	531.31	563.57	400.66
53	547.42	551.95	585.46	416.22
54	568.91	573.61	608.44	432.56
55	591.08	595.97	632.15	449.41
56	614.27	619.35	656.96	467.05
57	638.15	643.42	682.49	485.20
58	663.05	668.53	709.12	504.13
59	688.97	694.66	736.84	523.84
60	715.91	721.83	765.66	544.33
61	743.88	750.03	795.57	565.59
62	743.88	750.03	795.57	565.59
63	743.88	750.03	795.57	565.59
64+	743.88	750.03	795.57	565.59

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2021 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**Form Numbers:**

DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2021 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2021. These Individual rates are guaranteed through December 31, 2021. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

**Company Contact Information**

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**3. Proposed Rate Changes**

All current benefit plans are renewing in 2021. Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.

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- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is -2.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

**Covid-19:** Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are

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processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average induced demand utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, changes in CMS induced demand factors and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$79.98) PMPM. The projected risk adjustment transfer of (\$90.01) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average

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premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact on-Exchange Silver plans but KFHP is not loading the impact into any rates. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be just under 104%.

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**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

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**7.2. Historical Rate Revisions Effective January 1**

2016	6.6%
2017	12.0%
2018	13.0%
2019	20.0%
2020	5.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,652	\$6,700
Projection Year	\$5,537	\$6,564

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

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**Actuarial Certification**

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



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Sheila A. Schroer, ASA, MAAA  
Executive Director and Chief Actuary  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 1, 2020

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**Exhibit 1**  
**Market Adjusted Index Rate**

<b>Source/Formula</b>	<b>Component</b>	<b>Value</b>
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$444.38</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.812
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$360.68
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$90.01)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$450.69
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$555.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.009
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$454.93

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**Exhibit 2  
Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	32,679	\$525.97	\$3.22	\$4.36	\$533.55
Small Group	51,108	355.46	3.22	2.95	361.63
<b>Overall</b>	<b>83,787</b>	<b>\$421.96</b>	<b>\$3.22</b>	<b>\$3.50</b>	<b>\$428.68</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
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**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
<b>(5) = (1) + (4)</b>	<b>Experience Period - Total</b>	<b>\$3.22</b>
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
<b>(9) = (8)</b>	<b>Projection Period - Total</b>	<b>\$1.60</b>

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**Exhibit 4  
Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
<b>Overall</b>			<b>2.3%</b>

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**Exhibit 5  
Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [ (5) / (1) ]		0.998

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**Exhibit 6  
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
<b>Change in Demographics</b>		<b>1.005</b>	<b>= (2)/(1)</b>
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.707</b>	<b>= 1 / (2) x (3)</b>

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**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
Network	Individual Member Months	Network Adjustment Factor
Signature	32,679	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	32,679	1.000

**Projection Period**

(1)	(2)	(3)	(4)
Network	Individual Member Months	Network Adjustment Factor	Normalizing Factor
Signature	32,918	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	32,918	1.000	1.000

<b>Change in Network Factor</b>	<b>1.000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
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**Exhibit 8  
Utilization Adjustment**

	Pool	Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<b><i>Projection Period</i></b>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 9  
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<b><i>Experience Period</i></b>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	<b>0.984</b>
<b><i>Projection Period</i></b>		
(6) Exhibit 1	Market Adjusted Index Rate	\$555.27
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$90.01
(8) Exhibit 1	Paid to Allowed Ratio	0.812
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$110.90
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.38
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.22
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$560.50
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	<b>1.009</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 10**  
**Risk Adjustment Projection**

		Estimated 2019	Annualized Change	Projected 2021
<b>Platinum</b>				
(1)	Member Months	5,433		4,948
(2)	HHS Transfer % of Premium	0.305		0.397
(3)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(4) = (2) x (3)	Transfer PMPM	\$129.69		\$186.33
(5) = (1) x (4)	Transfer \$	\$704,626		\$921,892
<b>Gold</b>				
(6)	Member Months	8,845		11,263
(7)	HHS Transfer % of Premium	(0.190)		(0.232)
(8)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(9) = (7) x (8)	Transfer PMPM	(\$80.81)		(\$108.69)
(10) = (6) x (9)	Transfer \$	(\$714,772)		(\$1,224,216)
<b>Silver</b>				
(11)	Member Months	9,641		7,459
(12)	HHS Transfer % of Premium	(0.372)		(0.355)
(13)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(14) = (12) x (13)	Transfer PMPM	(\$158.16)		(\$166.29)
(15) = (11) x (14)	Transfer \$	(\$1,524,847)		(\$1,240,380)
<b>Bronze</b>				
(16)	Member Months	8,261		8,904
(17)	HHS Transfer % of Premium	(0.332)		(0.356)
(18)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(19) = (17) x (18)	Transfer PMPM	(\$141.28)		(\$166.85)
(20) = (16) x (19)	Transfer \$	(\$1,167,132)		(\$1,485,596)
<b>Catastrophic</b>				
(21)	Member Months	499		344
(22)	HHS Transfer % of Premium	1.660		1.609
(23)	Statewide Average Premium PMPM (Cat)	\$106.85		\$468.77
(24) = (22) x (23)	Transfer PMPM	\$177.42		\$189.52
(25) = (21) x (24)	Transfer \$	\$88,530		\$65,222
<b>Combined</b>				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	32,679		32,918
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$79.98)		(\$90.01)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$2,613,594)		(\$2,963,076)

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$37.73	8.4%	\$39.43	8.5%
(2)	Health Care Quality	3.92	0.1%	4.09	0.1%
(3)	Commissions	0.60	0.9%	0.66	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$42.24	9.4%	\$44.18	9.6%
(5)	Exchange Assessment	\$4.82	1.1%	\$4.61	1.0%
(6)	PCORI	0.06	0.0%	0.22	0.0%
(7)	State Premium Tax	8.97	2.0%	9.23	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$14.00	3.1%	\$14.25	3.0%
(12)	Contribution to Reserve*	(\$143.89)	-32.1%	(\$82.12)	-17.8%
(13) = (4)+(11)+(12)	Total	(\$87.65)	-19.5%	(\$23.69)	-5.1%

**\*Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 12  
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
<b>Name</b>	<b>Market Adjusted Index Rate</b>	<b>Impact of Non-EHB</b>	<b>Non-Funding of CSR Adjustment</b>	<b>Network Factor</b>	<b>Normalized Utilization</b>	<b>Plan Design</b>	<b>Catastrophic Plan Adjustment</b>	<b>Pure Premium</b>	<b>Retention</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Calibration*</b>	<b>Area Curve Calibration</b>	<b>Calibrated Plan Adj Index Rate (Age 21 Base Rate)</b>
KP DC Standard Platinum 0/20/Vision	\$555.27	1.009	1.000	1.000	1.073	0.937	1.000	\$563.38	0.951	\$535.87	0.707	1.000	\$378.64
KP DC Gold 0/20/Vision	555.27	1.009	1.000	1.000	1.033	0.863	1.000	499.45	0.951	475.06	0.707	1.000	335.68
KP DC Gold 1000/20/Vision	555.27	1.009	1.000	1.000	1.019	0.832	1.000	475.11	0.951	451.91	0.707	1.000	319.32
KP DC Gold 1600/25%/HSA/Vision	555.27	1.009	1.000	1.000	0.999	0.814	1.000	455.33	0.951	433.10	0.707	1.000	306.03
KP DC Standard Gold 500/25/Vision	555.27	1.009	1.000	1.000	1.035	0.857	1.000	497.44	0.951	473.14	0.707	1.000	334.32
KP DC Silver 2500/30/Vision	555.27	1.009	1.000	1.000	0.994	0.801	1.000	446.30	0.951	424.50	0.707	1.000	299.95
KP DC Silver 3200/30%/HSA/Vision	555.27	1.009	1.000	1.000	0.965	0.750	1.000	405.66	0.951	385.85	0.707	1.000	272.64
KP DC Standard Silver 4000/40/Vision	555.27	1.009	1.000	1.000	0.999	0.785	1.000	439.31	0.951	417.85	0.707	1.000	295.25
KP DC Bronze 6500/65/Vision	555.27	1.009	1.000	1.000	0.933	0.705	1.000	368.93	0.951	350.91	0.707	1.000	247.96
KP DC Standard Bronze 6350/20%/HSA/Vis	555.27	1.009	1.000	1.000	0.922	0.720	1.000	371.98	0.951	353.82	0.707	1.000	250.01
KP DC Standard Bronze 7500/60/Vision	555.27	1.009	1.000	1.000	0.948	0.742	1.000	394.57	0.951	375.30	0.707	1.000	265.19
KP DC Catastrophic 8550/0/Vision	555.27	1.009	1.000	1.000	0.910	0.688	0.800	280.52	0.951	266.82	0.707	1.000	188.53
	\$555.27	1.009	1.000	1.000	1.000	0.812	0.998	\$456.23	0.951	\$433.95	0.707	1.000	\$306.63

\* Age Curve Calibration from 41.4 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 13  
Quarterly Renewal Factors**

	Source/Formula	Component	Renewal Quarter				Overall
			Q1	Q2	Q3	Q4	
(1)	Data	Member Distribution by Renewal Qtr	100%	n/a	n/a	n/a	100%
(2)	Input	Months of Trend	0.0	n/a	n/a	n/a	
(3)	Exhibit 4	Annual Trend	2.3%	n/a	n/a	n/a	
(4)	Exhibit 1	2021 Claims PMPM					\$454.93
(5)	= (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$454.93	n/a	n/a	n/a	\$454.93
(6)	= (5) / Total (5)	<b>Quarterly Rate Trend Factor</b>	<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 14**  
**Projected Medical Loss Ratio**

			Individual Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$461.38	\$453.00
(2)	Input	Net Claims	\$478.17	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$90.01)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$568.19	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$40.09	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.09	\$4.07
(7)	= (5) + (6)	Total	\$44.18	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.61	\$4.53
(9)	Exhibit 11	PCORI	\$0.22	\$0.22
(10)	Exhibit 11	DC Premium Tax	\$9.23	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$14.25	\$14.00
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$165.25)	(\$89.11)
(16)	= [(4)] / (1)]	Loss Ratio	123.2%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	128.0%	107.7%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (400	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	340.62	301.97	287.26	275.30	300.75	269.83	245.26	265.60
21	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
22	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
23	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
24	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
25	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
26	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
27	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
28	387.49	343.53	326.79	313.19	342.14	306.96	279.02	302.15
29	395.83	350.92	333.81	319.92	349.50	313.57	285.02	308.65
30	405.72	359.69	342.16	327.92	358.23	321.40	292.14	316.37
31	416.14	368.92	350.94	336.34	367.43	329.66	299.64	324.49
32	425.51	377.24	358.85	343.92	375.71	337.08	306.39	331.80
33	435.41	386.01	367.20	351.91	384.45	344.92	313.52	339.52
34	445.83	395.24	375.98	360.33	393.64	353.17	321.02	347.64
35	456.24	404.48	384.77	368.75	402.84	361.43	328.52	355.76
36	466.66	413.71	393.55	377.17	412.04	369.68	336.02	363.88
37	477.08	422.95	402.33	385.59	421.23	377.93	343.52	372.01
38	482.81	428.03	407.17	390.22	426.29	382.47	347.64	376.47
39	488.53	433.11	412.00	394.85	431.35	387.01	351.77	380.94
40	507.80	450.19	428.25	410.43	448.37	402.27	365.65	395.97
41	527.60	467.74	444.94	426.42	465.84	417.95	379.90	411.40
42	548.43	486.21	462.51	443.26	484.24	434.45	394.90	427.65
43	569.78	505.14	480.52	460.52	503.09	451.37	410.27	444.30
44	592.18	524.99	499.40	478.62	522.86	469.11	426.40	461.76
45	615.09	545.31	518.73	497.14	543.10	487.26	442.90	479.63
46	639.05	566.55	538.93	516.50	564.25	506.24	460.15	498.31
47	664.05	588.71	560.02	536.71	586.32	526.05	478.15	517.80
48	690.09	611.80	581.98	557.76	609.32	546.68	496.90	538.11
49	717.18	635.81	604.82	579.65	633.23	568.13	516.40	559.23
50	745.30	660.74	628.54	602.38	658.06	590.41	536.65	581.16
51	774.47	686.60	653.13	625.95	683.82	613.52	557.66	603.90
52	804.68	713.38	678.61	650.37	710.49	637.45	579.41	627.46
53	835.92	741.08	704.96	675.62	738.08	662.20	601.91	651.82
54	868.74	770.17	732.64	702.14	767.05	688.19	625.53	677.41
55	902.59	800.18	761.19	729.50	796.94	715.01	649.91	703.81
56	938.01	831.58	791.05	758.13	828.21	743.07	675.41	731.42
57	974.46	863.90	821.80	787.60	860.40	771.95	701.66	759.85
58	1,012.48	897.61	853.86	818.33	893.97	802.07	729.04	789.50
59	1,052.07	932.70	887.24	850.32	928.92	833.42	757.54	820.36
60	1,093.21	969.18	921.94	883.57	965.25	866.02	787.17	852.45
61	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
62	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
63	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
64+	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-B**

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	223.06	224.91	238.56	169.60
21	247.96	250.01	265.19	188.53
22	247.96	250.01	265.19	188.53
23	247.96	250.01	265.19	188.53
24	247.96	250.01	265.19	188.53
25	247.96	250.01	265.19	188.53
26	247.96	250.01	265.19	188.53
27	247.96	250.01	265.19	188.53
28	253.76	255.86	271.39	192.94
29	259.22	261.36	277.23	197.09
30	265.70	267.89	284.16	202.01
31	272.52	274.77	291.45	207.20
32	278.66	280.96	298.02	211.87
33	285.14	287.49	304.95	216.80
34	291.96	294.37	312.25	221.98
35	298.78	301.25	319.54	227.17
36	305.60	308.13	326.84	232.36
37	312.42	315.01	334.13	237.54
38	316.17	318.79	338.14	240.40
39	319.93	322.57	342.16	243.25
40	332.55	335.30	355.65	252.84
41	345.51	348.36	369.52	262.70
42	359.15	362.12	384.11	273.07
43	373.13	376.22	399.06	283.70
44	387.80	391.01	414.75	294.85
45	402.81	406.14	430.80	306.26
46	418.50	421.96	447.58	318.19
47	434.87	438.46	465.09	330.64
48	451.92	455.66	483.32	343.61
49	469.66	473.54	502.29	357.09
50	488.08	492.11	521.99	371.10
51	507.18	511.37	542.42	385.62
52	526.96	531.31	563.57	400.66
53	547.42	551.95	585.46	416.22
54	568.91	573.61	608.44	432.56
55	591.08	595.97	632.15	449.41
56	614.27	619.35	656.96	467.05
57	638.15	643.42	682.49	485.20
58	663.05	668.53	709.12	504.13
59	688.97	694.66	736.84	523.84
60	715.91	721.83	765.66	544.33
61	743.88	750.03	795.57	565.59
62	743.88	750.03	795.57	565.59
63	743.88	750.03	795.57	565.59
64+	743.88	750.03	795.57	565.59

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**District of Columbia - 2021 Individual Rate Filing**  
**Part III – Actuarial Memorandum and Certification**

**Form Numbers:**

DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2021 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2021. These Individual rates are guaranteed through December 31, 2021. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

**3. Proposed Rate Changes**

All current benefit plans are renewing in 2021. Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.

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- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is -2.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

**Covid-19:** Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are

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processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average induced demand utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, changes in CMS induced demand factors and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$79.98) PMPM. The projected risk adjustment transfer of (\$90.01) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average

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premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact on-Exchange Silver plans but KFHP is not loading the impact into any rates. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be just under 104%.

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**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

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**7.2. Historical Rate Revisions Effective January 1**

2016	6.6%
2017	12.0%
2018	13.0%
2019	20.0%
2020	5.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,652	\$6,700
Projection Year	\$5,537	\$6,564

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
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**Actuarial Certification**

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



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Sheila A. Schroer, ASA, MAAA  
Executive Director and Chief Actuary  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 1, 2020

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 1**  
**Market Adjusted Index Rate**

<b>Source/Formula</b>	<b>Component</b>	<b>Value</b>
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$444.38</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.812
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$360.68
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$90.01)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$450.69
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$555.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.009
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$454.93

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
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**Exhibit 2  
Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	32,679	\$525.97	\$3.22	\$4.36	\$533.55
Small Group	51,108	355.46	3.22	2.95	361.63
<b>Overall</b>	<b>83,787</b>	<b>\$421.96</b>	<b>\$3.22</b>	<b>\$3.50</b>	<b>\$428.68</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
<b>(5) = (1) + (4)</b>	<b>Experience Period - Total</b>	<b>\$3.22</b>
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
<b>(9) = (8)</b>	<b>Projection Period - Total</b>	<b>\$1.60</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
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**Exhibit 4  
Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
<b>Overall</b>			<b>2.3%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 5  
Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [ (5) / (1) ]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 6  
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
<b>Change in Demographics</b>		<b>1.005</b>	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.707</b>	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
Network	Individual Member Months	Network Adjustment Factor
Signature	32,679	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	32,679	1.000

**Projection Period**

(1)	(2)	(3)	(4)
Network	Individual Member Months	Network Adjustment Factor	Normalizing Factor
Signature	32,918	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	32,918	1.000	1.000

<b>Change in Network Factor</b>	<b>1.000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 8  
Utilization Adjustment**

	Pool	Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<b><i>Projection Period</i></b>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 9  
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<b><i>Experience Period</i></b>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	<b>0.984</b>
<b><i>Projection Period</i></b>		
(6) Exhibit 1	Market Adjusted Index Rate	\$555.27
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$90.01
(8) Exhibit 1	Paid to Allowed Ratio	0.812
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$110.90
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.38
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.22
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$560.50
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	<b>1.009</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 10**  
**Risk Adjustment Projection**

		Estimated 2019	Annualized Change	Projected 2021
<b>Platinum</b>				
(1)	Member Months	5,433		4,948
(2)	HHS Transfer % of Premium	0.305		0.397
(3)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(4) = (2) x (3)	Transfer PMPM	\$129.69		\$186.33
(5) = (1) x (4)	Transfer \$	\$704,626		\$921,892
<b>Gold</b>				
(6)	Member Months	8,845		11,263
(7)	HHS Transfer % of Premium	(0.190)		(0.232)
(8)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(9) = (7) x (8)	Transfer PMPM	(\$80.81)		(\$108.69)
(10) = (6) x (9)	Transfer \$	(\$714,772)		(\$1,224,216)
<b>Silver</b>				
(11)	Member Months	9,641		7,459
(12)	HHS Transfer % of Premium	(0.372)		(0.355)
(13)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(14) = (12) x (13)	Transfer PMPM	(\$158.16)		(\$166.29)
(15) = (11) x (14)	Transfer \$	(\$1,524,847)		(\$1,240,380)
<b>Bronze</b>				
(16)	Member Months	8,261		8,904
(17)	HHS Transfer % of Premium	(0.332)		(0.356)
(18)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(19) = (17) x (18)	Transfer PMPM	(\$141.28)		(\$166.85)
(20) = (16) x (19)	Transfer \$	(\$1,167,132)		(\$1,485,596)
<b>Catastrophic</b>				
(21)	Member Months	499		344
(22)	HHS Transfer % of Premium	1.660		1.609
(23)	Statewide Average Premium PMPM (Cat)	\$106.85		\$468.77
(24) = (22) x (23)	Transfer PMPM	\$177.42		\$189.52
(25) = (21) x (24)	Transfer \$	\$88,530		\$65,222
<b>Combined</b>				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	32,679		32,918
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$79.98)		(\$90.01)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$2,613,594)		(\$2,963,076)

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$37.73	8.4%	\$39.43	8.5%
(2)	Health Care Quality	3.92	0.1%	4.09	0.1%
(3)	Commissions	0.60	0.9%	0.66	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$42.24	9.4%	\$44.18	9.6%
(5)	Exchange Assessment	\$4.82	1.1%	\$4.61	1.0%
(6)	PCORI	0.06	0.0%	0.22	0.0%
(7)	State Premium Tax	8.97	2.0%	9.23	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$14.00	3.1%	\$14.25	3.0%
(12)	Contribution to Reserve*	(\$143.89)	-32.1%	(\$82.12)	-17.8%
(13) = (4)+(11)+(12)	Total	(\$87.65)	-19.5%	(\$23.69)	-5.1%

**\*Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 12  
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
<b>Name</b>	<b>Market Adjusted Index Rate</b>	<b>Impact of Non-EHB</b>	<b>Non-Funding of CSR Adjustment</b>	<b>Network Factor</b>	<b>Normalized Utilization</b>	<b>Plan Design</b>	<b>Catastrophic Plan Adjustment</b>	<b>Pure Premium</b>	<b>Retention</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Calibration*</b>	<b>Area Curve Calibration</b>	<b>Calibrated Plan Adj Index Rate (Age 21 Base Rate)</b>
KP DC Standard Platinum 0/20/Vision	\$555.27	1.009	1.000	1.000	1.073	0.937	1.000	\$563.38	0.951	\$535.87	0.707	1.000	\$378.64
KP DC Gold 0/20/Vision	555.27	1.009	1.000	1.000	1.033	0.863	1.000	499.45	0.951	475.06	0.707	1.000	335.68
KP DC Gold 1000/20/Vision	555.27	1.009	1.000	1.000	1.019	0.832	1.000	475.11	0.951	451.91	0.707	1.000	319.32
KP DC Gold 1600/25%/HSA/Vision	555.27	1.009	1.000	1.000	0.999	0.814	1.000	455.33	0.951	433.10	0.707	1.000	306.03
KP DC Standard Gold 500/25/Vision	555.27	1.009	1.000	1.000	1.035	0.857	1.000	497.44	0.951	473.14	0.707	1.000	334.32
KP DC Silver 2500/30/Vision	555.27	1.009	1.000	1.000	0.994	0.801	1.000	446.30	0.951	424.50	0.707	1.000	299.95
KP DC Silver 3200/30%/HSA/Vision	555.27	1.009	1.000	1.000	0.965	0.750	1.000	405.66	0.951	385.85	0.707	1.000	272.64
KP DC Standard Silver 4000/40/Vision	555.27	1.009	1.000	1.000	0.999	0.785	1.000	439.31	0.951	417.85	0.707	1.000	295.25
KP DC Bronze 6500/65/Vision	555.27	1.009	1.000	1.000	0.933	0.705	1.000	368.93	0.951	350.91	0.707	1.000	247.96
KP DC Standard Bronze 6350/20%/HSA/Vis	555.27	1.009	1.000	1.000	0.922	0.720	1.000	371.98	0.951	353.82	0.707	1.000	250.01
KP DC Standard Bronze 7500/60/Vision	555.27	1.009	1.000	1.000	0.948	0.742	1.000	394.57	0.951	375.30	0.707	1.000	265.19
KP DC Catastrophic 8550/0/Vision	555.27	1.009	1.000	1.000	0.910	0.688	0.800	280.52	0.951	266.82	0.707	1.000	188.53
	\$555.27	1.009	1.000	1.000	1.000	0.812	0.998	\$456.23	0.951	\$433.95	0.707	1.000	\$306.63

\* Age Curve Calibration from 41.4 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 13  
Quarterly Renewal Factors**

	Source/Formula	Component	Renewal Quarter				Overall
			Q1	Q2	Q3	Q4	
(1)	Data	Member Distribution by Renewal Qtr	100%	n/a	n/a	n/a	100%
(2)	Input	Months of Trend	0.0	n/a	n/a	n/a	
(3)	Exhibit 4	Annual Trend	2.3%	n/a	n/a	n/a	
(4)	Exhibit 1	2021 Claims PMPM					\$454.93
(5)	= (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$454.93	n/a	n/a	n/a	\$454.93
(6)	= (5) / Total (5)	<b>Quarterly Rate Trend Factor</b>	<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 14**  
**Projected Medical Loss Ratio**

			Individual Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$461.38	\$453.00
(2)	Input	Net Claims	\$478.17	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$90.01)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$568.19	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$40.09	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.09	\$4.07
(7)	= (5) + (6)	Total	\$44.18	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.61	\$4.53
(9)	Exhibit 11	PCORI	\$0.22	\$0.22
(10)	Exhibit 11	DC Premium Tax	\$9.23	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$14.25	\$14.00
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$165.25)	(\$89.11)
(16)	= [(4)] / (1)]	Loss Ratio	123.2%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	128.0%	107.7%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

	Silver Exchange Plans	Plan Design	Member Distribution
(1) Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2) 73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3) 87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4) 94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5) Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6) 73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7) 87%	KP DC Standard Silver 100/25/CSR/Vision (400	0.876	1.2%
(8) 94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9) Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10) 73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11) 87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12) 94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13) = Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14) = Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15) = (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	340.62	301.97	287.26	275.30	300.75	269.83	245.26	265.60
21	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
22	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
23	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
24	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
25	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
26	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
27	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
28	387.49	343.53	326.79	313.19	342.14	306.96	279.02	302.15
29	395.83	350.92	333.81	319.92	349.50	313.57	285.02	308.65
30	405.72	359.69	342.16	327.92	358.23	321.40	292.14	316.37
31	416.14	368.92	350.94	336.34	367.43	329.66	299.64	324.49
32	425.51	377.24	358.85	343.92	375.71	337.08	306.39	331.80
33	435.41	386.01	367.20	351.91	384.45	344.92	313.52	339.52
34	445.83	395.24	375.98	360.33	393.64	353.17	321.02	347.64
35	456.24	404.48	384.77	368.75	402.84	361.43	328.52	355.76
36	466.66	413.71	393.55	377.17	412.04	369.68	336.02	363.88
37	477.08	422.95	402.33	385.59	421.23	377.93	343.52	372.01
38	482.81	428.03	407.17	390.22	426.29	382.47	347.64	376.47
39	488.53	433.11	412.00	394.85	431.35	387.01	351.77	380.94
40	507.80	450.19	428.25	410.43	448.37	402.27	365.65	395.97
41	527.60	467.74	444.94	426.42	465.84	417.95	379.90	411.40
42	548.43	486.21	462.51	443.26	484.24	434.45	394.90	427.65
43	569.78	505.14	480.52	460.52	503.09	451.37	410.27	444.30
44	592.18	524.99	499.40	478.62	522.86	469.11	426.40	461.76
45	615.09	545.31	518.73	497.14	543.10	487.26	442.90	479.63
46	639.05	566.55	538.93	516.50	564.25	506.24	460.15	498.31
47	664.05	588.71	560.02	536.71	586.32	526.05	478.15	517.80
48	690.09	611.80	581.98	557.76	609.32	546.68	496.90	538.11
49	717.18	635.81	604.82	579.65	633.23	568.13	516.40	559.23
50	745.30	660.74	628.54	602.38	658.06	590.41	536.65	581.16
51	774.47	686.60	653.13	625.95	683.82	613.52	557.66	603.90
52	804.68	713.38	678.61	650.37	710.49	637.45	579.41	627.46
53	835.92	741.08	704.96	675.62	738.08	662.20	601.91	651.82
54	868.74	770.17	732.64	702.14	767.05	688.19	625.53	677.41
55	902.59	800.18	761.19	729.50	796.94	715.01	649.91	703.81
56	938.01	831.58	791.05	758.13	828.21	743.07	675.41	731.42
57	974.46	863.90	821.80	787.60	860.40	771.95	701.66	759.85
58	1,012.48	897.61	853.86	818.33	893.97	802.07	729.04	789.50
59	1,052.07	932.70	887.24	850.32	928.92	833.42	757.54	820.36
60	1,093.21	969.18	921.94	883.57	965.25	866.02	787.17	852.45
61	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
62	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
63	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
64+	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-B**

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	223.06	224.91	238.56	169.60
21	247.96	250.01	265.19	188.53
22	247.96	250.01	265.19	188.53
23	247.96	250.01	265.19	188.53
24	247.96	250.01	265.19	188.53
25	247.96	250.01	265.19	188.53
26	247.96	250.01	265.19	188.53
27	247.96	250.01	265.19	188.53
28	253.76	255.86	271.39	192.94
29	259.22	261.36	277.23	197.09
30	265.70	267.89	284.16	202.01
31	272.52	274.77	291.45	207.20
32	278.66	280.96	298.02	211.87
33	285.14	287.49	304.95	216.80
34	291.96	294.37	312.25	221.98
35	298.78	301.25	319.54	227.17
36	305.60	308.13	326.84	232.36
37	312.42	315.01	334.13	237.54
38	316.17	318.79	338.14	240.40
39	319.93	322.57	342.16	243.25
40	332.55	335.30	355.65	252.84
41	345.51	348.36	369.52	262.70
42	359.15	362.12	384.11	273.07
43	373.13	376.22	399.06	283.70
44	387.80	391.01	414.75	294.85
45	402.81	406.14	430.80	306.26
46	418.50	421.96	447.58	318.19
47	434.87	438.46	465.09	330.64
48	451.92	455.66	483.32	343.61
49	469.66	473.54	502.29	357.09
50	488.08	492.11	521.99	371.10
51	507.18	511.37	542.42	385.62
52	526.96	531.31	563.57	400.66
53	547.42	551.95	585.46	416.22
54	568.91	573.61	608.44	432.56
55	591.08	595.97	632.15	449.41
56	614.27	619.35	656.96	467.05
57	638.15	643.42	682.49	485.20
58	663.05	668.53	709.12	504.13
59	688.97	694.66	736.84	523.84
60	715.91	721.83	765.66	544.33
61	743.88	750.03	795.57	565.59
62	743.88	750.03	795.57	565.59
63	743.88	750.03	795.57	565.59
64+	743.88	750.03	795.57	565.59

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**Form Numbers:**

DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-VISION-HMO(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP(01-21)HIX, DC-DP-0-0-AI-VISION-HMO(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP(01-21)HIX, DC-DP-STANDARD-PLATINUM-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-GOLD-500-25-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-DP-GOLD-1600-25%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2500-30-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-2200-30-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-10-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-4000-40-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-3500-40-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-SILVER-100-25-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-0-5-CSR-VISION-HMO-RX(01-21)HIX, DC-DP-SILVER-3200-30%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-SILVER-2000-20%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-600-10%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-SILVER-100-5%-CSR-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-7500-60-VISION-DHMO-RX(01-21)HIX, DC-DP-BRONZE-6500-65-VISION-DHMO-RX(01-21)HIX, DC-DP-CATASTROPHIC-8550-0-VISION-DHMO-RX(01-21)HIX, DC-DP-STANDARD-BRONZE-6350-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-DP-0-0-AI-VISION-HMO-RX(01-21)HIX, DC-DP-0-0-AI-HSA-VISION-HDHP-RX(01-21)HIX

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
District of Columbia - 2021 Individual Rate Filing  
Part III – Actuarial Memorandum and Certification**

**1. Purpose**

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Individual business segment rates in the District of Columbia, with an effective date on or after January 1, 2021. These Individual rates are guaranteed through December 31, 2021. These products are offered on the Insurance Exchange. This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

**2. General Information Section**

**Company Identifying Information**

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

**Company Contact Information**

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

**3. Proposed Rate Changes**

All current benefit plans are renewing in 2021. Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.

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- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is -2.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

**Covid-19:** Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

#### **4. Market Experience**

##### **4.1. Experience and Current Period Premium, Claims and Enrollment**

###### ***Premium***

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

###### ***Claims***

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are

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processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

***Enrollment***

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base.

**4.2. Benefit Categories**

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

**4.3. Projection Factors**

**4.3.1 Trend Factors**

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

**4.3.2 Adjustments to Trended EHB Allowed Claims PMPM**

**Morbidity Adjustment**

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

**Demographic Shift**

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

**Plan Design Changes**

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average induced demand utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, changes in CMS induced demand factors and member mix changes across plans in the projection period compared to the experience period.

**Other Adjustments**

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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**4.3.3 Manual Rate Adjustments**

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

**4.3.4 Credibility of Experience**

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

**4.3.5 Establishing the Index Rate**

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

**4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)**

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

**Paid to Allowed Ratio**

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

**Reinsurance**

Reinsurance is currently not applicable.

**Risk Adjustment**

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$79.98) PMPM. The projected risk adjustment transfer of (\$90.01) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s projection of risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The projected transfer PMPMs by metal level are adjusted for assumed risk scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average

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premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

**Exchange User Fees**

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

**4.4. Plan Adjusted Index Rate ("PAIR")**

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

**Non-EHB Adjustment**

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

**Plan Level Adjustments**

In 2017, the Federal Administration decided against funding the Cost Share Reduction ("CSR") provision of the ACA. The consequence of eliminating CSR subsidies would have had an impact on-Exchange Silver plans but KFHP is not loading the impact into any rates. The impact is shown on Exhibit 15 for informational purposes only.

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

**Catastrophic Plan Adjustment**

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

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**Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)**

Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

**4.5. Calibration**

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

**Age Curve Calibration**

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

**Area Factor Calibration**

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

**4.6. Consumer Adjusted Premium Rate Development**

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

**5. Projected Loss Ratio**

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined traditional MLR is expected to be just under 104%.

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**Federal Medical Loss Ratio**

Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

**6. Plan Product Information**

**6.1. Actuarial Value (“AV”) Metal Values**

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

**AV Pricing Values/Allowable Plan Level Adjustments**

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, which reflects a standard population and KFHP specific data. Induced demand adjustments are based on CMS determined factors. The pricing method is consistent among all plans and does not include any differences in utilization due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

**6.2. Membership Projections**

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

**6.3. Plan Type**

There are no plan types that are not listed in the Worksheet 2 drop-down box.

**7. Miscellaneous**

**7.1. Reliance**

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

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**7.2. Historical Rate Revisions Effective January 1**

2016	6.6%
2017	12.0%
2018	13.0%
2019	20.0%
2020	5.0%

**7.3. Estimated Average Premium**

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,652	\$6,700
Projection Year	\$5,537	\$6,564

**7.4. Exhibit Table of Contents**

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	Plan Rates by Age

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**Actuarial Certification**

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This Actuarial Certification applies to the attached filing for an approval of premium rates for Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



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Sheila A. Schroer, ASA, MAAA  
Executive Director and Chief Actuary  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
May 1, 2020

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 1**  
**Market Adjusted Index Rate**

<b>Source/Formula</b>	<b>Component</b>	<b>Value</b>
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
<b>(13) = product (7) thru (12)</b>	<b>Projected Allowed EHBs PMPM</b>	<b>\$444.38</b>
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.812
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$360.68
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$90.01)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$450.69
<b>(19) = (18) / (14)</b>	<b>Market Adjusted Projected Allowed EHB PMPM</b>	<b>\$555.27</b>
(20) Exhibit 9	Non-EHBs Loading Factor	1.009
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$454.93

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 2  
Allowed Claim PMPMs**

<b>Pool</b>	<b>Member Months</b>	<b>Calculated Allowed</b>	<b>Capitation</b>	<b>Completion</b>	<b>Total</b>
Individual	32,679	\$525.97	\$3.22	\$4.36	\$533.55
Small Group	51,108	355.46	3.22	2.95	361.63
<b>Overall</b>	<b>83,787</b>	<b>\$421.96</b>	<b>\$3.22</b>	<b>\$3.50</b>	<b>\$428.68</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 3  
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
<b>(5) = (1) + (4)</b>	<b>Experience Period - Total</b>	<b>\$3.22</b>
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
<b>(9) = (8)</b>	<b>Projection Period - Total</b>	<b>\$1.60</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 4  
Trend Factors**

<b>Category</b>	<b>Cost</b>	<b>Utilization</b>	<b>Trend</b>
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
<b>Overall</b>			<b>2.3%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 5**  
**Morbidity Factor**

	<b>Member Months</b>	<b>Relative Morbidity</b>
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [ (5) / (1) ]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 6  
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

**Demographic & Calibration Adjustment:**

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
<b>Change in Demographics</b>		<b>1.005</b>	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
<b>Index Rate Age Factor Calibration</b>		<b>0.707</b>	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 7  
Network Factor**

**Experience Period**

(1)	(2)	(3)
Network	Individual Member Months	Network Adjustment Factor
Signature	32,679	1.000
Signature 2TPOS	-	1.100
Select	-	1.050
Overall	32,679	1.000

**Projection Period**

(1)	(2)	(3)	(4)
Network	Individual Member Months	Network Adjustment Factor	Normalizing Factor
Signature	32,918	1.000	1.000
Signature 2TPOS	-	1.100	1.100
Select	-	1.050	1.050
Overall	32,918	1.000	1.000

<b>Change in Network Factor</b>	<b>1.000</b>
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 8  
Utilization Adjustment**

	Pool	Member Months	Utilization
<b><i>Experience Period</i></b>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<b><i>Projection Period</i></b>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<b><i>Change in Average Utilization</i></b>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 9  
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<b><i>Experience Period</i></b>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	<b>0.984</b>
<b><i>Projection Period</i></b>		
(6) Exhibit 1	Market Adjusted Index Rate	\$555.27
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$90.01
(8) Exhibit 1	Paid to Allowed Ratio	0.812
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$110.90
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.38
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.22
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$560.50
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	<b>1.009</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 10**  
**Risk Adjustment Projection**

		Estimated 2019	Annualized Change	Projected 2021
<b>Platinum</b>				
(1)	Member Months	5,433		4,948
(2)	HHS Transfer % of Premium	0.305		0.397
(3)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(4) = (2) x (3)	Transfer PMPM	\$129.69		\$186.33
(5) = (1) x (4)	Transfer \$	\$704,626		\$921,892
<b>Gold</b>				
(6)	Member Months	8,845		11,263
(7)	HHS Transfer % of Premium	(0.190)		(0.232)
(8)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(9) = (7) x (8)	Transfer PMPM	(\$80.81)		(\$108.69)
(10) = (6) x (9)	Transfer \$	(\$714,772)		(\$1,224,216)
<b>Silver</b>				
(11)	Member Months	9,641		7,459
(12)	HHS Transfer % of Premium	(0.372)		(0.355)
(13)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(14) = (12) x (13)	Transfer PMPM	(\$158.16)		(\$166.29)
(15) = (11) x (14)	Transfer \$	(\$1,524,847)		(\$1,240,380)
<b>Bronze</b>				
(16)	Member Months	8,261		8,904
(17)	HHS Transfer % of Premium	(0.332)		(0.356)
(18)	Statewide Average Premium PMPM	\$425.19	5.0%	\$468.77
(19) = (17) x (18)	Transfer PMPM	(\$141.28)		(\$166.85)
(20) = (16) x (19)	Transfer \$	(\$1,167,132)		(\$1,485,596)
<b>Catastrophic</b>				
(21)	Member Months	499		344
(22)	HHS Transfer % of Premium	1.660		1.609
(23)	Statewide Average Premium PMPM (Cat)	\$106.85		\$468.77
(24) = (22) x (23)	Transfer PMPM	\$177.42		\$189.52
(25) = (21) x (24)	Transfer \$	\$88,530		\$65,222
<b>Combined</b>				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	32,679		32,918
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$79.98)		(\$90.01)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$2,613,594)		(\$2,963,076)

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 11**  
**Retention**

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$37.73	8.4%	\$39.43	8.5%
(2)	Health Care Quality	3.92	0.1%	4.09	0.1%
(3)	Commissions	0.60	0.9%	0.66	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$42.24	9.4%	\$44.18	9.6%
(5)	Exchange Assessment	\$4.82	1.1%	\$4.61	1.0%
(6)	PCORI	0.06	0.0%	0.22	0.0%
(7)	State Premium Tax	8.97	2.0%	9.23	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$14.00	3.1%	\$14.25	3.0%
(12)	Contribution to Reserve*	(\$143.89)	-32.1%	(\$82.12)	-17.8%
(13) = (4)+(11)+(12)	Total	(\$87.65)	-19.5%	(\$23.69)	-5.1%

**\*Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 12  
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
<b>Name</b>	<b>Market Adjusted Index Rate</b>	<b>Impact of Non-EHB</b>	<b>Non-Funding of CSR Adjustment</b>	<b>Network Factor</b>	<b>Normalized Utilization</b>	<b>Plan Design</b>	<b>Catastrophic Plan Adjustment</b>	<b>Pure Premium</b>	<b>Retention</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Curve Calibration*</b>	<b>Area Curve Calibration</b>	<b>Calibrated Plan Adj Index Rate (Age 21 Base Rate)</b>
KP DC Standard Platinum 0/20/Vision	\$555.27	1.009	1.000	1.000	1.073	0.937	1.000	\$563.38	0.951	\$535.87	0.707	1.000	\$378.64
KP DC Gold 0/20/Vision	555.27	1.009	1.000	1.000	1.033	0.863	1.000	499.45	0.951	475.06	0.707	1.000	335.68
KP DC Gold 1000/20/Vision	555.27	1.009	1.000	1.000	1.019	0.832	1.000	475.11	0.951	451.91	0.707	1.000	319.32
KP DC Gold 1600/25%/HSA/Vision	555.27	1.009	1.000	1.000	0.999	0.814	1.000	455.33	0.951	433.10	0.707	1.000	306.03
KP DC Standard Gold 500/25/Vision	555.27	1.009	1.000	1.000	1.035	0.857	1.000	497.44	0.951	473.14	0.707	1.000	334.32
KP DC Silver 2500/30/Vision	555.27	1.009	1.000	1.000	0.994	0.801	1.000	446.30	0.951	424.50	0.707	1.000	299.95
KP DC Silver 3200/30%/HSA/Vision	555.27	1.009	1.000	1.000	0.965	0.750	1.000	405.66	0.951	385.85	0.707	1.000	272.64
KP DC Standard Silver 4000/40/Vision	555.27	1.009	1.000	1.000	0.999	0.785	1.000	439.31	0.951	417.85	0.707	1.000	295.25
KP DC Bronze 6500/65/Vision	555.27	1.009	1.000	1.000	0.933	0.705	1.000	368.93	0.951	350.91	0.707	1.000	247.96
KP DC Standard Bronze 6350/20%/HSA/Vis	555.27	1.009	1.000	1.000	0.922	0.720	1.000	371.98	0.951	353.82	0.707	1.000	250.01
KP DC Standard Bronze 7500/60/Vision	555.27	1.009	1.000	1.000	0.948	0.742	1.000	394.57	0.951	375.30	0.707	1.000	265.19
KP DC Catastrophic 8550/0/Vision	555.27	1.009	1.000	1.000	0.910	0.688	0.800	280.52	0.951	266.82	0.707	1.000	188.53
	\$555.27	1.009	1.000	1.000	1.000	0.812	0.998	\$456.23	0.951	\$433.95	0.707	1.000	\$306.63

\* Age Curve Calibration from 41.4 to 21 years old

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Exhibit 13  
Quarterly Renewal Factors**

	Source/Formula	Component	Renewal Quarter				Overall
			Q1	Q2	Q3	Q4	
(1)	Data	Member Distribution by Renewal Qtr	100%	n/a	n/a	n/a	100%
(2)	Input	Months of Trend	0.0	n/a	n/a	n/a	
(3)	Exhibit 4	Annual Trend	2.3%	n/a	n/a	n/a	
(4)	Exhibit 1	2021 Claims PMPM					\$454.93
(5)	= (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$454.93	n/a	n/a	n/a	\$454.93
(6)	= (5) / Total (5)	<b>Quarterly Rate Trend Factor</b>	<b>1.000</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 14**  
**Projected Medical Loss Ratio**

			Individual Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$461.38	\$453.00
(2)	Input	Net Claims	\$478.17	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$90.01)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$568.19	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$40.09	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.09	\$4.07
(7)	= (5) + (6)	Total	\$44.18	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.61	\$4.53
(9)	Exhibit 11	PCORI	\$0.22	\$0.22
(10)	Exhibit 11	DC Premium Tax	\$9.23	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$14.25	\$14.00
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$165.25)	(\$89.11)
(16)	= [(4)] / (1)]	Loss Ratio	123.2%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	128.0%	107.7%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Individual**

**Exhibit 15**  
**Cost Share Reduction Subsidy Non-Funding Impact**

	Silver Exchange Plans	Plan Design	Member Distribution
(1) Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2) 73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3) 87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4) 94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5) Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6) 73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7) 87%	KP DC Standard Silver 100/25/CSR/Vision (400	0.876	1.2%
(8) 94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9) Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10) 73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11) 87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12) 94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13) = Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14) = Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15) = (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

**Note:**

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-A**

	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390013	94506DC0390011	94506DC0390004	94506DC0390006	94506DC0390005
Age	KP DC Standard Platinum 0/20/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1600/25%/HSA/Vision	KP DC Standard Gold 500/25/Vision	KP DC Silver 2500/30/Vision	KP DC Silver 3200/30%/HSA/Vision	KP DC Standard Silver 4000/40/Vision
20 and Under	340.62	301.97	287.26	275.30	300.75	269.83	245.26	265.60
21	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
22	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
23	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
24	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
25	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
26	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
27	378.64	335.68	319.32	306.03	334.32	299.95	272.64	295.25
28	387.49	343.53	326.79	313.19	342.14	306.96	279.02	302.15
29	395.83	350.92	333.81	319.92	349.50	313.57	285.02	308.65
30	405.72	359.69	342.16	327.92	358.23	321.40	292.14	316.37
31	416.14	368.92	350.94	336.34	367.43	329.66	299.64	324.49
32	425.51	377.24	358.85	343.92	375.71	337.08	306.39	331.80
33	435.41	386.01	367.20	351.91	384.45	344.92	313.52	339.52
34	445.83	395.24	375.98	360.33	393.64	353.17	321.02	347.64
35	456.24	404.48	384.77	368.75	402.84	361.43	328.52	355.76
36	466.66	413.71	393.55	377.17	412.04	369.68	336.02	363.88
37	477.08	422.95	402.33	385.59	421.23	377.93	343.52	372.01
38	482.81	428.03	407.17	390.22	426.29	382.47	347.64	376.47
39	488.53	433.11	412.00	394.85	431.35	387.01	351.77	380.94
40	507.80	450.19	428.25	410.43	448.37	402.27	365.65	395.97
41	527.60	467.74	444.94	426.42	465.84	417.95	379.90	411.40
42	548.43	486.21	462.51	443.26	484.24	434.45	394.90	427.65
43	569.78	505.14	480.52	460.52	503.09	451.37	410.27	444.30
44	592.18	524.99	499.40	478.62	522.86	469.11	426.40	461.76
45	615.09	545.31	518.73	497.14	543.10	487.26	442.90	479.63
46	639.05	566.55	538.93	516.50	564.25	506.24	460.15	498.31
47	664.05	588.71	560.02	536.71	586.32	526.05	478.15	517.80
48	690.09	611.80	581.98	557.76	609.32	546.68	496.90	538.11
49	717.18	635.81	604.82	579.65	633.23	568.13	516.40	559.23
50	745.30	660.74	628.54	602.38	658.06	590.41	536.65	581.16
51	774.47	686.60	653.13	625.95	683.82	613.52	557.66	603.90
52	804.68	713.38	678.61	650.37	710.49	637.45	579.41	627.46
53	835.92	741.08	704.96	675.62	738.08	662.20	601.91	651.82
54	868.74	770.17	732.64	702.14	767.05	688.19	625.53	677.41
55	902.59	800.18	761.19	729.50	796.94	715.01	649.91	703.81
56	938.01	831.58	791.05	758.13	828.21	743.07	675.41	731.42
57	974.46	863.90	821.80	787.60	860.40	771.95	701.66	759.85
58	1,012.48	897.61	853.86	818.33	893.97	802.07	729.04	789.50
59	1,052.07	932.70	887.24	850.32	928.92	833.42	757.54	820.36
60	1,093.21	969.18	921.94	883.57	965.25	866.02	787.17	852.45
61	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
62	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
63	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75
64+	1,135.92	1,007.04	957.96	918.09	1,002.96	899.85	817.92	885.75

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Market: District of Columbia Individual**

**Rates Effective January 1, 2021  
Appendix I-B**

	94506DC0390012	94506DC0390010	94506DC0390007	94506DC0390008
Age	KP DC Bronze 6500/65/Vision	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Standard Bronze 7500/60/Vision	KP DC Catastrophic 8550/0/Vision
20 and Under	223.06	224.91	238.56	169.60
21	247.96	250.01	265.19	188.53
22	247.96	250.01	265.19	188.53
23	247.96	250.01	265.19	188.53
24	247.96	250.01	265.19	188.53
25	247.96	250.01	265.19	188.53
26	247.96	250.01	265.19	188.53
27	247.96	250.01	265.19	188.53
28	253.76	255.86	271.39	192.94
29	259.22	261.36	277.23	197.09
30	265.70	267.89	284.16	202.01
31	272.52	274.77	291.45	207.20
32	278.66	280.96	298.02	211.87
33	285.14	287.49	304.95	216.80
34	291.96	294.37	312.25	221.98
35	298.78	301.25	319.54	227.17
36	305.60	308.13	326.84	232.36
37	312.42	315.01	334.13	237.54
38	316.17	318.79	338.14	240.40
39	319.93	322.57	342.16	243.25
40	332.55	335.30	355.65	252.84
41	345.51	348.36	369.52	262.70
42	359.15	362.12	384.11	273.07
43	373.13	376.22	399.06	283.70
44	387.80	391.01	414.75	294.85
45	402.81	406.14	430.80	306.26
46	418.50	421.96	447.58	318.19
47	434.87	438.46	465.09	330.64
48	451.92	455.66	483.32	343.61
49	469.66	473.54	502.29	357.09
50	488.08	492.11	521.99	371.10
51	507.18	511.37	542.42	385.62
52	526.96	531.31	563.57	400.66
53	547.42	551.95	585.46	416.22
54	568.91	573.61	608.44	432.56
55	591.08	595.97	632.15	449.41
56	614.27	619.35	656.96	467.05
57	638.15	643.42	682.49	485.20
58	663.05	668.53	709.12	504.13
59	688.97	694.66	736.84	523.84
60	715.91	721.83	765.66	544.33
61	743.88	750.03	795.57	565.59
62	743.88	750.03	795.57	565.59
63	743.88	750.03	795.57	565.59
64+	743.88	750.03	795.57	565.59

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

**Purpose, Scope, and Reason for Rate Increase**

Insurance Company Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS ID	94506
SERFF Filing Number	KPMA-132297944
Date of Submission	5/1/2020
Proposed Effective Date	1/1/2021

Before Rate Change	Average Annual Premium \$5,652
After Rate Change	\$5,537

	Amount in SERFF's Rate Review Detail Sector Explanation for differences		
Proposed Overall Rate Change	-2.04%	-2.04%	XXX
Proposed Minimum Rate Change	-11.50%	-11.50%	XXX
Proposed Maximum Rate Change	0.51%	0.51%	XXX

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The rating methodology and model were updated which steepened the slope between metal tiers. The induced utilization factors also creates a larger spread between metal tiers, resulting in higher metal tier plans seeing a slight increase or hold, and Bronze plans receiving a large rate decrease.

**Relationship of Proposed Rate Scale to Current Rate Scale:**

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing	
Base Period Experience	400	422	1.055	e.g. previous filing experience period index rate compared to the current filing experience index rate
Base Period Utilization Factor	1	1	0.968	If applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing.
Pricing Trend	1	1	0.942	The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2)
Morbidity Adjustment	1	1	0.998	The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.
Risk Adjustment Recoveries	1	1	1.008	The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.
Pent Up Demand	1	1	1.000	
Reinsurance Recoveries	1	1	1.000	
Reinsurance Premium	1	1	1.000	
Average Age Impact	1	1	1.008	
Additional EHB	1	1	0.993	
Exchange Fee	1	1	0.990	
Fixed Cost Adjustment	1	1	1.000	
SG&A	1	1	1.113	
Margin	1	1	0.872	
Taxes and Fees	1	1	1.034	
Benefit Design Changes	1	1	1.013	
Geography	1	1	1.000	
Pharmacy	1	1	1.000	
Provider Networks Changes	1	1	1.000	
Other	1	1	1.003	
xxxxxx	xxxx	xxxx	1.000	
xxxxxx	xxxx	xxxx	1.000	
xxxxxx	xxxx	xxxx	1.000	
xxxxxx	xxxx	xxxx	1.000	
<b>Total Rate Change</b>			0.980	
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17				0.980
xxxxxx				

**Annual Rate Change Distribution**

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	276	351	0
Reduction of 0.01% to 5.00%	1,282	1,569	0
No Change	0	0	0
Increase of 0.01% to 5.00%	528	553	0
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
Total	2,086	2,473	0

**History of Rate Changes**

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2017	12.00%	12.00%
2018	13.00%	13.00%
2019	20.00%	20.00%
2020	5.00%	5.00%

**Retention**

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	12/31/2019	12/31/2020	12/31/2021		
Commissions & Brokers Fees	\$0.60	\$1.08	\$0.66	11.27%	-38.79%
Taxes, Licenses & Fees	\$9.18	\$13.34	\$9.64	4.99%	-27.76%
Exchange Fee	\$4.82	\$4.57	\$4.61	-4.36%	0.99%
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$41.64	\$35.19	\$43.52	4.51%	23.67%
Profit/Risk Margin	-\$143.89	-\$45.82	-\$82.12	-42.93%	79.24%
Total	-\$87.65	\$8.37	-\$23.69	-72.97%	-383.13%
Variable	-\$118.94	-\$18.08	-\$54.08	-54.53%	199.16%
Non-Variable	\$31.29	\$26.44	\$30.39	-2.88%	14.92%
Total	-\$87.65	\$8.37	-\$23.69	-72.97%	-383.13%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.87%	0.24%	0.89%	1.57%	273.69%
Taxes, Licenses & Fees	2.05%	2.92%	2.04%	-0.29%	-30.10%
Exchange Fee	1.08%	1.00%	1.00%	-7.05%	0.00%
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	8.55%	7.70%	8.69%	1.68%	12.81%
Profit/Risk Margin	-32.09%	-10.03%	-17.80%	-44.53%	77.49%
Total	-19.55%	1.83%	-5.18%	-73.49%	-382.96%
Variable	-25.97%	-3.96%	-11.25%	-56.68%	184.33%
Non-Variable	6.42%	5.79%	6.07%	-5.51%	4.83%
Total	-19.55%	1.83%	-5.18%	-73.49%	-382.96%
Check	TRUE	TRUE	TRUE		



Paid/Allowed Ratio (Cost-Sharing only)	0.837
Used induced utilization factors	0.989
Calculated	0.827

In the text box, please state where in the filing it is located.

xxxxxx

	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	12/31/2019	12/31/2020	12/31/2021		
Total Risk adjustment (Dollar amount)	(\$2,613,594)	(\$2,765,285)	(\$2,963,076)		
Membership Member Months	32,679	31,083	32,818	0.73%	5.90%
PMPM	(\$79.98)	(\$88.96)	(\$90.01)	12.55%	1.18%
Premium	\$14,653,712	\$14,200,923	\$16,167,580	3.64%	6.95%
As a % of Premium	-18%	-19%	-20%	9.39%	0.19%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

xxxxxx

<b>Unified Rate Review v5.1</b>										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.					
Company Legal Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.										State: DC		To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.			
HIOS Issuer ID: 94506										Market: Individual		To validate, select the Validate button or Ctrl + Shift + I.			
Effective Date of Rate Change(s): 1/1/2021										To finalize, select the Finalize button or Ctrl + Shift + F.					
<b>Market Level Calculations (Same for all Plans)</b>															
<b>Section I: Experience Period Data</b>															
Experience Period: 1/1/2019 to 12/31/2019										Total PMPM					
Allowed Claims										\$35,917,871.94		\$1,099.11			
Reinsurance										\$0.00		\$0.00			
Incurred Claims in Experience Period										\$31,661,480.70		\$968.86			
Risk Adjustment										-\$6,701,284.26		-\$205.06			
Experience Period Premium										\$36,538,969.25		\$1,118.12			
Experience Period Member Months										32,679					
<b>Section II: Projections</b>															
Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims PMPM					
		Cost		Utilization		Cost		Utilization							
Inpatient Hospital	\$47.10	1.031	1.000	1.031	1.000	1.031	1.000	1.031	1.000	\$50.07					
Outpatient Hospital	\$27.08	1.034	1.002	1.034	1.002	1.034	1.002	1.034	1.002	\$29.07					
Professional	\$249.72	1.010	1.009	1.010	1.009	1.010	1.009	1.010	1.009	\$259.35					
Other Medical	\$17.51	1.005	1.026	1.005	1.026	1.005	1.026	1.005	1.026	\$18.62					
Capitation	\$1.54	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$1.54					
Prescription Drug	\$79.04	1.016	1.007	1.016	1.007	1.016	1.007	1.016	1.007	\$82.74					
Total	\$421.99									\$441.37					
Morbidity Adjustment										0.998					
Demographic Shift										1.005					
Plan Design Changes										1.003					
Other										1.000					
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2021										\$444.02					
Manual EHB Allowed Claims PMPM										\$0.00					
Applied Credibility %										100.00%					
<b>Projected Period Totals</b>															
Projected Index Rate for 1/1/2021										\$444.02		\$14,617,138.40			
Reinsurance										\$0.00		\$0.00			
Risk Adjustment Payment/Charge										-\$110.90		-\$3,650,828.00			
Exchange User Fees										0.00%		\$0.00			
Market Adjusted Index Rate										\$554.92		\$18,267,966.40			
Projected Member Months										32,920					
<p><b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.</p>															

**Product-Plan Data Collection**

Company Legal Name: **Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
 HIOS Issuer ID: **94506**  
 Effective Date of Rate Change(s): **1/1/2021**

State: **DC**  
 Market: **Individual**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
 To validate, select the Validate button or Ctrl + Shift + I.  
 To finalize, select the Finalize button or Ctrl + Shift + F.  
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.  
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

**Product/Plan Level Calculations**

**Field # Section I: General Product and Plan Information**

		Individual HMO On Exchange															
		94506DC039															
		KP DC Standard		KP DC Gold		KP DC Gold		KP DC Standard		KP DC Silver		KP DC Standard		KP DC Standard		KP DC Catastrophic	
1.1 Product Name		94506DC0390001															
1.2 Product ID		94506DC0390002															
1.3 Plan Name		94506DC0390003															
1.4 Plan ID (Standard Component ID)		94506DC0390004															
1.5 Metal		Platinum		Gold		Gold		Gold		Silver		Silver		Bronze		Catastrophic	
1.6 AV Metal Value		0.907		0.807		0.810		0.775		0.718		0.718		0.687		0.639	
1.7 Plan Category		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing		Renewing	
1.8 Plan Type		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO	
1.9 Exchange Plan?		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
1.10 Effective Date of Proposed Rates		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021		1/1/2021	
1.11 Cumulative Rate Change % (over 12 mos prior)		0.51%		0.40%		0.25%		-0.63%		-3.58%		-2.70%		-1.03%		-7.03%	
1.12 Product Rate Increase %																	
1.13 Submission Level Rate Increase %																	

**Worksheet 1 Totals**

**Section II: Experience Period and Current Plan Level Information**

		Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390011	94506DC0390013	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008	
2.1 Plan ID (Standard Component ID)	Total	\$17,435,823	\$5,494,175	\$1,988,967	\$1,083,040	\$1,332,015	\$500,889	\$1,295,787	\$1,933,929	\$519,617	\$913,377	\$1,020,822	\$1,139,430	\$213,775	
2.2 Allowed Claims		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2.3 Reinsurance		\$2,531,423	\$347,608	\$273,282	\$164,371	\$157,267	\$93,824	\$231,688	\$330,411	\$101,996	\$194,661	\$278,624	\$296,390	\$61,301	
2.4 Member Cost Sharing		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2.5 Cost Sharing Reduction		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2.6 Incurred Claims		\$14,904,400	\$5,146,567	\$1,715,685	\$918,669	\$1,174,748	\$407,065	\$1,064,099	\$1,603,518	\$441,621	\$718,116	\$742,198	\$843,040	\$152,474	
2.7 Risk Adjustment Transfer Amount		\$56,701,284	\$2,613,666	\$309,514	\$146,272	\$210,437	\$48,569	\$495,854	\$748,421	\$284,014	\$464,125	\$374,973	\$328,080	\$88,533	
2.8 Premium		\$36,538,869	\$14,653,712	\$2,776,779	\$1,768,684	\$831,062	\$1,141,939	\$268,827	\$1,451,978	\$2,053,749	\$781,147	\$1,437,239	\$1,101,779	\$996,051	\$104,460
2.9 Experience Period Member Months		32,679	5,433	3,830	1,810	2,604	601	3,135	4,833	1,673	3,285	2,654	2,322	499	
2.10 Current Enrollment		2,652	481	367	192	275	35	198	383	89	214	191	187	40	
2.11 Current Premium P/M		\$472.41	\$532.41	\$488.28	\$451.31	\$468.53	\$408.87	\$483.98	\$453.13	\$442.86	\$480.24	\$450.13	\$426.59	\$215.87	
2.12 Loss Ratio		123.79%	147.83%	117.58%	134.15%	126.11%	184.81%	111.29%	124.37%	80.85%	73.86%	102.12%	138.66%	79.00%	
Per Member Per Month															
2.13 Allowed Claims		\$533.55	\$1,011.26	\$519.31	\$598.36	\$511.53	\$833.43	\$413.33	\$400.15	\$310.59	\$278.04	\$384.64	\$490.71	\$428.41	
2.14 Reinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2.15 Member Cost Sharing		\$77.46	\$63.98	\$71.35	\$90.81	\$156.41	\$73.90	\$68.37	\$59.25	\$59.25	\$104.98	\$137.64	\$122.85	\$122.85	
2.16 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2.17 Incurred Claims		\$456.08	\$947.28	\$447.96	\$507.55	\$451.13	\$677.31	\$339.43	\$331.79	\$249.62	\$218.79	\$279.65	\$363.07	\$305.50	
2.18 Risk Adjustment Transfer Amount		\$79.98	\$129.70	\$80.81	\$80.81	\$80.81	\$80.81	\$158.17	\$158.17	\$158.17	\$141.29	\$141.29	\$141.29	\$177.47	
2.19 Premium		\$448.41	\$511.10	\$461.80	\$459.15	\$438.53	\$447.30	\$461.15	\$424.94	\$466.91	\$437.52	\$415.14	\$403.17	\$209.34	

**Section III: Plan Adjustment Factors**

		94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390011	94506DC0390013	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008
3.1 Plan ID (Standard Component ID)		94506DC0390001											
3.2 Market Adjusted Index Rate		1.0000											
3.3 AV and Cost Sharing Design of Plan		1.0051	0.8911	0.8477	0.8875	0.8124	0.7963	0.7838	0.7238	0.7040	0.6637	0.6582	0.6256
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094	1.0094
Administrative Costs													
3.6 Administrative Expense		9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%	9.62%
3.7 Taxes and Fees		3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%
3.8 Profit & Risk Load		-17.80%	-17.80%	-17.80%	-17.80%	-17.80%	-17.80%	-17.80%	-17.80%	-17.80%	-17.80%	-17.80%	-17.80%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$535.47	\$474.74	\$451.61	\$472.82	\$432.81	\$424.23	\$417.57	\$385.61	\$375.06	\$353.59	\$350.66	\$286.63
3.11 Age Calibration Factor		0.7066							1.0000				
3.12 Geographic Calibration Factor		1.0000							1.0000				
3.13 Tobacco Calibration Factor		1.0000							1.0000				
3.14 Calibrated Plan Adjusted Index Rate		\$378.36	\$335.45	\$319.11	\$334.09	\$305.82	\$299.76	\$295.06	\$272.47	\$265.02	\$249.85	\$247.77	\$188.40

**Section IV: Projected Plan Level Information**

		Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390011	94506DC0390013	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008
4.1 Plan ID (Standard Component ID)	Total	\$18,813,259	\$5,237,455	\$2,584,694	\$1,588,346	\$1,962,941	\$995,268	\$977,286	\$1,886,404	\$344,977	\$992,653	\$1,168,325	\$1,514,884	\$160,026
4.2 Allowed Claims		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.3 Reinsurance		\$3,072,768	\$332,424	\$354,580	\$266,430	\$280,041	\$73,696	\$194,247	\$405,831	\$86,126	\$255,667	\$327,357	\$446,195	\$49,974
4.4 Member Cost Sharing		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.5 Cost Sharing Reduction		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4.6 Incurred Claims		\$15,740,491	\$4,905,031	\$2,230,114	\$1,321,916	\$1,682,900	\$321,572	\$783,039	\$1,480,573	\$258,851	\$736,986	\$840,768	\$1,068,689	\$110,052
4.7 Risk Adjustment Transfer Amount		\$2,963,078	\$921,892	\$517,016	\$270,483	\$387,410	\$49,307	\$386,560	\$709,063	\$164,767	\$537,023	\$479,305	\$469,268	\$65,222
4.8 Premium		\$15,187,581	\$2,811,578	\$2,396,478	\$1,192,840	\$1,788,451	\$208,360	\$992,311	\$1,889,289	\$405,427	\$1,281,016	\$1,077,890	\$1,046,666	\$97,374
4.9 Projected Member Months		32,201	4,948	4,757	2,489	3,564	454	2,004	4,264	991	3,239	2,873	2,833	344
4.10 Loss Ratio		128.76%	131.38%	118.66%	143.35%	120.12%	202.18%	125.14%	125.44%	107.56%	99.06%	140.46%	185.09%	67.68%
Per Member Per Month														
4.11 Allowed Claims		\$571.48	\$1,058.50	\$543.35	\$638.15	\$550.77	\$870.63	\$443.41	\$442.40	\$348.11	\$308.37	\$406.66	\$538.53	\$465.19
4.12 Reinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing		\$93.34	\$67.18	\$74.54	\$107.04	\$78.57	\$162.33	\$88.13	\$95.18	\$86.91	\$79.42	\$114.01	\$158.62	\$145.27
4.14 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims		\$478.14	\$991.37	\$468.81	\$531.10	\$472.19	\$708.31	\$355.28	\$347.23	\$261.20	\$228.95	\$292.64	\$379.91	\$319.92
4.16 Risk Adjustment Transfer Amount		\$90.01	\$186.03	\$109.69	\$108.47	\$108.70	\$108.70	\$108.70	\$108.70	\$108.70	\$108.70	\$108.70	\$108.70	\$108.70
4.17 Premium		\$461.35	\$568.23	\$503.78	\$479.16	\$501.81	\$458.94	\$450.23	\$443.10	\$409.11	\$397.95	\$375.18	\$372.08	\$283.00

## Rating Area Data Collection

*Specify the total number of Rating Areas  
Select only the Rating Areas you are  
To validate, select the Validate button  
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0000

*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
re offering plans within and add a factor for each area.  
tton or Ctrl + Shift + I.  
on or Ctrl + Shift + F.*

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company      Kaiser Foundation Health Plan of the Mid-Atlantic  
SERFF tracking number      KPMA-132297944  
Submission Date      May 1, 2020  
Product Name      Individual HMO On Exchange  
Market Type       Individual       Small Group  
Rate Filing Type       Rate Increase       New Filing

### Scope and Range of the Increase:

The -2.0 % increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.

This filing will impact:

# of policyholder's 2086

# of covered lives 2473

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved -2.0 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -11.4%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 0.5 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

### Financial Experience of Product

The overall financial experience of the product includes:

For the 2019 experience period, Kaiser lost \$4.7 million dollars on \$14.7 million dollars of premium on the Individual pool. This is equivalent to a margin of -32.1%. The estimated net medical expense and risk adjustment incurred is \$17.5 million dollars. Other estimated expenses for administration, taxes and fees are \$1.8 million.

The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -35.8% for the projection period.

### Components of Increase

The request is made up of the following components:

*Trend Increases* – 2.3 % of the -2 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is n/a % of the -2 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is n/a % of the -2 % total filed increase.

*Other Increases* – -4.3 % of the -2 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0% of the -2 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is -1.4 % of the -2 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 3.2 % of the -2 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is -6.1 % of the -2 % total filed increase.

5. Other – Defined as:

This component is 0.0% of the -2 % total filed increase.